

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000257472

**Entity Name:** FLOW FAM FL, LLC**Current Principal Place of Business:**7695 SW 104TH ST SUITE 100  
PINECREST, FL 33156**Current Mailing Address:**7695 SW 104TH ST SUITE 100  
PINECREST, FL 33156**FEI Number:** 85-2827645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WARMAN, REBECA  
7695 SW 104TH ST SUITE 100  
PINECREST, FL 33156 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title MGR  
Name WARMAN, REBECA  
Address 7695 SW 104TH ST SUITE 100  
City-State-Zip: PINECREST FL 33156

Title AMBR  
Name WARMAN, REBECA  
Address 7695 SW 104TH ST SUITE 100  
City-State-Zip: PINECREST FL 33156

Title MGR  
Name WARMAN, VIVIAN  
Address 200 W 26TH STREET, APT 6E  
City-State-Zip: NEW YORK FL 10001

Title AMBR  
Name WARMAN, VIVIAN  
Address 200 W 26TH STREET, APT 6E  
City-State-Zip: NEW YORK FL 10001

Title AMBR  
Name BEN-HORIN, ADAM  
Address 200 W 26TH STREET, APT 6E  
City-State-Zip: NEW YORK FL 10001

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** REBECA WARMAN**MANAGER****02/01/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date