

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000297025

**Entity Name:** TOMATE MEDIA, LLC

**Current Principal Place of Business:**

6415 NW 102 PATH  
APT 204  
DORAL, FL 33178

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**7888954771CC**

**Current Mailing Address:**

6415 NW 102 PATH  
APT 204  
DORAL, FL 33178

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DE GRAZIA BOGARIN, ORIANA A  
6415 NW 102 PATH  
204  
DORAL, FL 33178 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            AMBR  
Name            DE GRAZIA BOGARIN, ORIANA A  
Address        6415 NW 102 PATH APT 204  
City-State-Zip: DORAL FL 33178

Title            AMBR  
Name            ROSA BARBOZA, FELIESP A  
Address        6415 NW 102 PATH APT 204  
City-State-Zip: DORAL FL 33178

Title            AMBR  
Name            ROSA BARBOZA, ESPFEL C  
Address        6415 NW 102 PATH APT 204  
City-State-Zip: DORAL FL 33178

*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: DE GRAZIA BOGARIN , ORIANA A**

**AMBR**

**04/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date