

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000487184

**Entity Name:** TORGOVNIK FAMILY OFFICE, LLC

**Current Principal Place of Business:**

5775 COLLINS AVE UNIT PH2  
MIAMI, FL 33140

**Current Mailing Address:**

5775 COLLINS AVE UNIT PH2  
MIAMI, FL 33140 US

**FEI Number:** 87-3583188

**Certificate of Status Desired:** No

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

TORGOVNIK, VLADIMIR  
5775 COLLINS AVE UNIT PH2  
MIAMI, FL 33140 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            TORGOVNIK, VLADIMIR  
Address        5775 COLLINS AVE UNIT 1702  
City-State-Zip: MIAMI FL 33140

*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:** VLADIMIR TORGOVNIK

**OFFICER**

**01/13/2025**

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

\_\_\_\_\_  
Date