

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000268717

**Entity Name:** THEORY FULFILLMENT LLC

**Current Principal Place of Business:**

4879 N HEMINGWAY CIR  
MARGATE, FL 33063

**Current Mailing Address:**

4879 N HEMINGWAY CIR  
MARGATE, FL 33063

**FEI Number:** 99-3594709

**Certificate of Status Desired:** No

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

MONGE, ANTHONY M  
4879 N HEMINGWAY CIR  
MARGATE, FL 33063 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           MANAGER  
Name           MONGE, ANTHONY M  
Address        4879 N HEMINGWAY CIR  
City-State-Zip: MARGATE FL 33063

*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:** ANTHONY M MONGE

MANAGER

02/07/2025

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

\_\_\_\_\_  
Date