

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000269583

**Entity Name:** \$HTROM LLC

**Current Principal Place of Business:**

10420 MCKINLEY DR  
APT 11307  
TAMPA, FL 33612

**Current Mailing Address:**

10420 MCKINLEY DR  
APT 11307  
TAMPA, FL 33612

**FEI Number:** 87-1338333

**Certificate of Status Desired:** Yes

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

SHTROM, ANDRII  
10420 MCKINLEY DR  
APT 11307  
TAMPA, FL 33612 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            SHTRON, ANDRII  
Address        10420 MCKINLEY DR, APT 11307  
City-State-Zip: TAMPA FL 33612

*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:** ANDRII SHTRON

**PRESIDENT**

**01/28/2023**

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

\_\_\_\_\_  
Date