

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000441741

**Entity Name:** FWD MOTION LLC

**Current Principal Place of Business:**

199 DALI BLVD  
NUM 706  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

199 DALI BLVD  
NUM 706  
ST. PETERSBURG, FL 33701

**FEI Number:** 87-3103319

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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 BARASZ, AARON P  
Address 199 DALI BLVD NUM 706  
City-State-Zip: ST. PETERSBURG FL 33701

*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:** AARON PAUL BARASZ

MANAGER

01/21/2023

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

\_\_\_\_\_  
Date