

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012383

**Entity Name:** FERN STREET PROPERTIES, L.L.C.

**FILED**  
**Feb 15, 2024**  
**Secretary of State**  
**7448511786CC**

**Current Principal Place of Business:**

FERN STREET PROPERTIES LLC  
12080 SW 127 AVENUE SUITE B 1 - 149  
MIAMI, FL 33186

**Current Mailing Address:**

FERN STREET PROPERTIES LLC  
12080 SW 127 AVENUE SUITE B 1 --149  
MIAMI, FL 33186 US

**FEI Number:** 41-0896508

**Certificate of Status Desired:** No

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

LISTA, WALTER L  
FERN STREET PROPERTIES LLC  
12080 SW 127 AVENUE SUITE B 1 --149  
MIAMI, FL 33186 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:** WALTER L. LISTA

02/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           EDWARDS-SULLIVAN, ISABEL L  
Address        FERN STREET PROPERTIES LLC  
                  12080 SW 127 AVENUE SUITE B 1  
                  --149  
City-State-Zip: MIAMI FL 33186

Title           MM  
Name           LISTA, MARTA V  
Address        FERN STREET PROPERTIES LLC  
                  12080 SW 127 AVENUE SUITE B 1  
                  --149  
City-State-Zip: MIAMI FL 33186

Title           MM  
Name           SULLIVAN, AIDAN J  
Address        FERN STREET PROPERTIES LLC  
                  12080 SW 127 AVENUE SUITE B 1 -  
                  149  
City-State-Zip: MIAMI FL 33186

*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:** ISABEL L EDWARDS -SULLIVAN

**MANAGER**

02/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date