| Name and Address of our ent registered Agent.  |  |                 |                   |            |
|--|--|-----------------|-------------------|------------|
| GLAZER AND S<br>3113 STIRLING<br>201<br>FORT LAUDER  |  |                 |                   |            |
| 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  | ERIC GLAZER, PRESIDENT                   |                 |                   | 01/31/2024 |
|  | Electronic Signature of Registered Agent |                 |                   | Date       |
| Authorized Person(s) Detail :  |  |                 |                   |            |
| Title  | AUTHORIZED MEMBER                        | Title           | AUTHORIZED MEMBER |            |
| Name   | KATZ, SHARON                             | Name            | SIAMA, SHERRY     |            |
| Address  | 3636 JUNIPER LANE                        | Address         | 3636 JUNIPER LANE |            |
| City-State-Zip:  | DAVIE FL 33330                           | City-State-Zip: | DAVIE FL 33330    |            |
|  |  |                 |                   |            |
|  |  |                 |                   |            |
|  |  |                 |                   |            |

DAVIE, FL 33330 US

**Current Mailing Address:** 3636 JUNIPER LANE

## FEI Number: 20-2872520 Name and Address of Current Registered Agent:

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: SHERRY SIAMA

01/31/2024 AUTHORIZED MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Jan 31, 2024 Secretary of State

Certificate of Status Desired: No

9382363916CC

Date

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047673

Entity Name: 2401 PEMBROKE ROAD, LLC

## **Current Principal Place of Business:**

3636 JUNIPER LANE DAVIE, FL 33330