## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058221

Entity Name: AVENTURA I.M.P., LLC

20601 E. DIXIE HWY AVENTURA, FL 33180

**Current Principal Place of Business:** 

**Current Mailing Address:** 

**GERMAN FRAYND** 1380 NE MIAMI GARDENS DR SUITE 125 NORTH MIAMI BEACH. FL 33179 US

FEI Number: 76-0693461 Certificate of Status Desired: No.

**FILED** Mar 01, 2024

**Secretary of State** 

5100121592CC

Date

Date

Name and Address of Current Registered Agent:

FRAYND, GERMAN 1380 NE MIAMI GARDENS DR **SUITE 125** NORTH MIAMI BEACH, FL 33179 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: GERMAN FRAYND 03/01/2024

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MANAGER

FRAYND, GERMAN OKSEMBERG, JOSEPH Name Name

Address 1380 NE MIAMI GARDENS DR Address 1380 NE MIAMI GARDENS DR

> **SUITE 125** SUITE 125

NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 City-State-Zip: City-State-Zip:

Title **MANAGER** Title MANAGER

FRAYND, PAUL FRAYND, ALAN Name Name

1380 NE MIAMI GARDENS DR 1380 NE MIAMI GARDENS DR Address Address

**SUITE 125** SUITE 125

NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 City-State-Zip: City-State-Zip:

Title MANAGER FRAYND, YAEL Name

1380 NE MIAMI GARDENS DR Address

**SUITE 125** 

NORTH MIAMI BEACH FL 33179 City-State-Zip:

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.

03/01/2024 SIGNATURE: GERMAN FRAYND MANAGER

Electronic Signature of Signing Authorized Person(s) Detail