

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000033925

**Entity Name:** MARGATE STREET FURNITURE, LLC

**Current Principal Place of Business:**

3941 SW 47 AVENUE  
DAVIE, FL 33314

**Current Mailing Address:**

P.O. BOX 292037  
DAVIE, FL 33329

**FEI Number: 20-8738279**

**Certificate of Status Desired: No**

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

FORMAN, M. AUSTIN  
888 SE 3RD AVE  
501  
FORT LAUDERDALE, FL 33314 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	MGR, VP
Name	FLUTIE, GLENN
Address	5330 SW 14TH STREET
City-State-Zip:	PLANTATION FL 33317
Title	PRESIDENT, SECRETARY, MANAGER
Name	FORMAN, MILES AUSTIN
Address	888 SE 3 AVENUE SUITE 501
City-State-Zip:	FORT LAUDERDALE FL 33316

Title	MGR, VP
Name	OLIVER, ALISON
Address	888 SE 3 AVE, SUITE 501
City-State-Zip:	FORT LAUDERDALE FL 33316
Title	MGR, VP
Name	FLUTIE, BARBARA
Address	5330 SW 14 STREET
City-State-Zip:	PLANTATION FL 33317

*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: MILES AUSTIN FORMAN**

**MGR**

**03/22/2024**

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

\_\_\_\_\_  
Date