

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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: Yes**

**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 FLUTE, GLENN  
Address 5330 SW 14TH STREET  
City-State-Zip: PLANTATION FL 33317

Title MGR, VP  
Name OLIVER, ALISON  
Address 888 SE 3 AVE, SUITE 501  
City-State-Zip: FORT LAUDERDALE FL 33316

Title PRESIDENT, SECRETARY, MANAGER  
Name FORMAN, MILES AUSTIN  
Address 888 SE 3 AVENUE  
SUITE 501  
City-State-Zip: FORT LAUDERDALE FL 33316

*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**

**P,S,MGR**

**11/02/2023**

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

\_\_\_\_\_  
Date