

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000076285

**Entity Name:** 533 NE 83 STREET, LLC

**Current Principal Place of Business:**

401 E LAS OLAS BLVD  
SUITE 130-521  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 E LAS OLAS BLVD  
SUITE 130-521  
FT LAUDERDALE, FL 33301 US

**FEI Number:** 77-0717369

**Certificate of Status Desired:** No

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

BAILEY, ROBERT  
401 E LAS OLAS BLVD  
SUITE 130-521  
FT LAUDERDALE, FL 33301 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           MANAGER  
Name           BAILEY, WILLIAM DJR.  
Address        401 E LAS OLAS BLVD  
                  SUITE 130-521  
City-State-Zip: FT LAUDERDALE FL 33301

Title           MANAGER  
Name           BAILEY , ROBERT  
Address        401 E LAS OLAS BLVD  
                  SUITE 130-521  
City-State-Zip: FT LAUDERDALE FL 33301

Title           MANAGER  
Name           BAILEY , BRETT  
Address        401 E LAS OLAS BLVD  
                  SUITE 130-521  
City-State-Zip: FT LAUDERDALE FL 33301

*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:** WILLIAM BAILEY

MGR

04/22/2019

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

\_\_\_\_\_  
Date