

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000061529

Entity Name: 180 NE 6TH AVENUE LLC**Current Principal Place of Business:**180 NE 6TH AVE # A
DELRAY BEACH, FL 33483**Current Mailing Address:**2647 FRANCES ST
BELLMORE, NY 11710**FEI Number:** 26-2815534**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**7912 SANOMA 204 LLC
7912 SONOMA SPRINGS CIR
STE 204
BOYNTON BEACH, FL 33463 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:** BRIAN F CALIFANO

03/11/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CALIFANO, BRIAN F
Address 2647 FRANCES ST
City-State-Zip: BELLMORE NY 11710

Title MGR
Name FAIELLA, LOUIS III
Address 296 BAYVIEW AVE
City-State-Zip: MASSAPEQUA NY 11758

Title MGR
Name FAIELLA, LOUIS S
Address 3086 SUSAN RD
City-State-Zip: BELLMORE NY 11710

Title MGR
Name KAPLAN, MARC
Address 2956 WILSON AVE
City-State-Zip: WANTAGH NY 11793

Title MGR
Name KAPLAN, RUSSELL
Address 3136 LYDIA LN
City-State-Zip: BELLMORE NY 11710

Title MGR
Name SAMPINO, ANTHONY
Address 55 WEST LN
City-State-Zip: BAYSHORE NY 11706

Title MANAGER
Name VULLO, JOHN DR.
Address 35 GARNER LANE
City-State-Zip: BAY SHORE NY 11706

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: BRIAN CALIFANO

MANAGER

03/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date