

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**

DOCUMENT# L08000091269

**Jul 24, 2024**

**Entity Name:** 1331 WASHINGTON AVENUE PROPERTY, LLC

**Secretary of State**

**2296802226CC**

**Current Principal Place of Business:**

17525 NE 9TH AVE  
MIAMI, FL 33162

**Current Mailing Address:**

17525 NE 9TH AVE  
MIAMI, FL 33162 US

**FEI Number:** 65-0856907

**Certificate of Status Desired:** No

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

SOSTCHIN, BURL  
17525 NE 9TH AVE  
MIAMI, FL 33162 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	Title	AUTHORIZED MEMBER
Name	BURL, SOSTCHIN	Name	THE SOSTCHIN FAMILY TRUST
Address	17525 NE 9TH AVE	Address	640 NE 176TH STREET
City-State-Zip:	MIAMI FL 33162	City-State-Zip:	NORTH MIAMI BEACH FL 33162
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	H SOSTCHIN IRREV TR FBO B M SOSTCHIN	Name	H SOSTCHIN IRREV TR FBO M E GROSSMAN
Address	17425 NE 7TH AVE	Address	490 SAWGRASS CORPORATE PARKWAY 200
City-State-Zip:	NORTH MIAMI BEACH FL 33162	City-State-Zip:	SUNRISE FL 33325
Title	AUTHORIZED MEMBER		
Name	HENRIETTA SOSTCHIN IRREVOCABLE TRUST FBO RESA PEARL SHAPIRO		
Address	490 SAWGRASS CORPORATE PARKWAY 200		
City-State-Zip:	SUNRISE FL 33325		

*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:** BURL M SOSTCHIN

**MANAGER**

**07/24/2024**

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

\_\_\_\_\_  
Date