

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000053950

Entity Name: HUNTINGTON 18 LLC**Current Principal Place of Business:**690 LINCOLN ROAD, SUITE 300
MIAMI BEACH, FL 33139**Current Mailing Address:**690 LINCOLN ROAD, SUITE 300
MIAMI BEACH, FL 33139 US**FEI Number:** 45-5118820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOX, NELSON
690 LINCOLN ROAD, SUITE 300
MIAMI BEACH, FL 33139 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:** NELSON FOX

01/09/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KONIVER STERN GROUP 401K FBO
LYLE STERN
Address 690 LINCOLN ROAD, SUITE 300
City-State-Zip: MIAMI BEACH FL 33139

Title AUTHORIZED MEMBER
Name KONIVER STERN GROUP 401K FBO
BRUCE KONIVER
Address 690 LINCOLN ROAD, SUITE 300
City-State-Zip: MIAMI BEACH FL 33139

Title AUTHORIZED MEMBER
Name TORNEK, DAVID
Address 690 LINCOLN ROAD, SUITE 300
City-State-Zip: MIAMI BEACH FL 33139

Title AUTHORIZED MEMBER
Name NELSON FOX FAMILY IRREVOCABLE
TRUST
Address 690 LINCOLN ROAD, SUITE 300
City-State-Zip: MIAMI BEACH FL 33139

Title MANAGER
Name FOX, NELSON
Address 690 LINCOLN ROAD, SUITE 300
City-State-Zip: MIAMI BEACH FL 33139

Title AUTHORIZED MEMBER
Name KONIVER STERN GROUP 401K FBO
FAYE KONIVER
Address 690 LINCOLN ROAD, SUITE 300
City-State-Zip: MIAMI BEACH FL 33139

Title MANAGER, AUTHORIZED MEMBER
Name ELDREDGE, STACY
Address 690 LINCOLN ROAD, SUITE 300
City-State-Zip: MIAMI BEACH FL 33139

Title AUTHORIZED MEMBER
Name FOX IRREVOCABLE TRUST
Address 690 LINCOLN ROAD, SUITE 300
City-State-Zip: MIAMI BEACH FL 33139

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: NELSON FOX

MGR

01/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date