

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000017206

**Entity Name:** 9343 PLANTATION DEVELOPMENT LLC

**Current Principal Place of Business:**

1722 SHERIDAN STREET  
408  
HOLLYWOOD, FL 33020

**FILED**  
**Jan 22, 2023**  
**Secretary of State**  
**8311832623CC**

**Current Mailing Address:**

1722 SHERIDAN STREET  
408  
HOLLYWOOD, FL 33020 US

**FEI Number:** 46-1950737

**Certificate of Status Desired:** No

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

LVOVSKY, LANCE  
1722 SHERIDAN STREET  
408  
HOLLYWOOD, FL 33020 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           LVOVSKY, LANCE M  
Address        1722 SHERIDAN STREET  
                  408  
City-State-Zip: HOLLYWOOD FL 33020

Title           MANAGER  
Name           LVOVSKY, MITCHELL L  
Address        1722 SHERIDAN STREET  
                  408  
City-State-Zip: HOLLYWOOD FL 33020

Title           MANAGER  
Name           ALEXANDER LVOVSKY REVOCABLE  
                  TRUST  
Address        1722 SHERIDAN STREET  
                  408  
City-State-Zip: HOLLYWOOD FL 33020

Title           MANAGER  
Name           INNA LVOVSKY REVOCABLE TRUST  
Address        1722 SHERIDAN STREET  
                  408  
City-State-Zip: HOLLYWOOD FL 33020

*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:** LANCE LVOVSKY

**MANAGER**

**01/22/2023**

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

\_\_\_\_\_  
Date