**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 22, 2019**
**Secretary of State**
**1094440498CC**

DOCUMENT# L14000038364

**Entity Name:** 23049 BRADFORD AVE LLC

**Current Principal Place of Business:**

9 CARLTON CT
NEW CITY, NY 10956

**Current Mailing Address:**

9 CARLTON CT
NEW CITY, NY 10956 US

**FEI Number: 46-5095136**

**Certificate of Status Desired:** No

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

STPIERRE, KAREN
1160 SOUTH MCCALL ROAD
1ST FLOOR
ENGLEWOOD, FL 34223 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: KAREN STPIERRE 03/22/2019

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MANAGER |
| Name | ALBERT, GALANTE G |
| Address | 9 CARLTON CT |
| City-State-Zip: | NEW CITY NY 10956 |

*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: ALBERT GALANTE 03/22/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date