

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000115167

**Entity Name:** 1030 NORTH MIAMI AVENUE, LLC

**Current Principal Place of Business:**

1030 N. MIAMI AVE  
MIAMI, FL 33136

**Current Mailing Address:**

1035 N. MIAMI AVENUE  
401  
MIAMI, FL 33136 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MACLEOD, CHRISTOPHER  
1035 N. MIAMI AVE  
401  
MIAMI, FL 33136 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:** CHRISTOPHER MACLEOD

06/29/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                             |                 |                     |
|-----------------|-----------------------------|-----------------|---------------------|
| Title           | MANAGING MEMBER             | Title           | MEMBER              |
| Name            | MACLEOD, CHRISTOPHER        | Name            | LOVINK, MIA         |
| Address         | 1035 N. MIAMI AVENUE<br>401 | Address         | 1240 27TH ST NW     |
| City-State-Zip: | MIAMI FL 33136              | City-State-Zip: | WASHINGTON DC 20007 |

*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:** CHRISTOPHER MACLEOD

MANAGING MEMBER

06/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date