

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000115544

**Entity Name:** SANDY LANE OF FLORIDA LLC**Current Principal Place of Business:**200 LESLIE DRIVE  
SUITE 515  
HALLANDALE BEACH, FL 33009**Current Mailing Address:**200 LESLIE DRIVE  
SUITE 515  
HALLANDALE BEACH, FL 33009 US**FEI Number:** 47-1410197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WECKSLER, ANDRES  
200 LESLIE DRIVE  
SUITE 515  
HALLANDALE BEACH, FL 33009 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:** ANDRES WECKSLER

04/14/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                               |
|-----------------|-------------------------------|
| Title           | MANAGER                       |
| Name            | WECKSLER, ANDRES              |
| Address         | 200 LESLIE DRIVE<br>SUITE 515 |
| City-State-Zip: | HALLANDALE BEACH FL 33009     |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | MANAGER                             |
| Name            | WECKSLER, MARINA                    |
| Address         | 3640 YACHT CLUB DRIVE<br>SUITE 1404 |
| City-State-Zip: | AVENTURA FL 33180                   |

|                 |                               |
|-----------------|-------------------------------|
| Title           | MANAGER                       |
| Name            | WECKSLER, JEAN                |
| Address         | 200 LESLIE DRIVE<br>SUITE 515 |
| City-State-Zip: | HALLANDALE BEACH FL 33009     |

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:** JEAN WECKSLER

MANAGER

04/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date