## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000175241

Entity Name: 1519 NW 8 AVE, LLC

**Current Principal Place of Business:** 

17350 NE 12 CT MIAMI, FL 33162

**Current Mailing Address:** 

17350 NE 12 CT MIAMI, FL 33162 US

FEI Number: 47-2362552 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASPER, SHMUEL 17350 NE 12 CT MIAMI, FL 33162 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

**FILED** Apr 18, 2024

**Secretary of State** 

4213193054CC

## Authorized Person(s) Detail:

**AUTHORIZED MEMBER** Title Name CASPER, SHMUEL Address 17350 NE 12 CT City-State-Zip: MIAMI FL 33162

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: SHMUEL CASPER

Electronic Signature of Signing Authorized Person(s) Detail

04/18/2024 **AUTHORIZED MEMBER** 

Date