

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000191235

**Entity Name:** 534 NW LLC

**Current Principal Place of Business:**

1774 NW 5 ST  
REAR UNIT  
MIAMI, FL 33125

**Current Mailing Address:**

PO BOX 331917  
MIAMI, FL 33233 US

**FEI Number:** 47-2617198

**Certificate of Status Desired:** No

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

LAMARQUE, HELENE  
1774 NW 5 ST  
REAR UNIT  
MIAMI, FL 33125 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:** HELENE LAMARQUE

03/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                       |
|-----------------|--------------------|-----------------|-----------------------|
| Title           | MGR                | Title           | AP                    |
| Name            | MARS & MINERVA LLC | Name            | LAMARQUE, HELENE      |
| Address         | PO BOX 331917      | Address         | 73 PL. DE CARL DE NYS |
| City-State-Zip: | MIAMI FL 33233     | City-State-Zip: | VALPRIVAS 43210       |

*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:** HELENE LAMARQUE

AP

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date