

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000193133

**Entity Name:** 45 ANTILLA PPP, LLC

**Current Principal Place of Business:**

12202 SW 107TH CT  
MIAMI, FL 33176

**Current Mailing Address:**

12202 SW 107TH CT  
MIAMI, FL 33176 US

**FEI Number:** 47-2593921

**Certificate of Status Desired:** No

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

FLORES, PETER M  
12202 SW 107 CT  
MIAMI, FL 33176 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

**Authorized Person(s) Detail :**

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Title           | AMBR              | Title           | AMBR              |
| Name            | FLORES, PETER M   | Name            | KHOURY, PATRICK   |
| Address         | 12202 SW 107TH CT | Address         | 12202 SW 107TH CT |
| City-State-Zip: | MIAMI FL 33176    | City-State-Zip: | MIAMI FL 33176    |
|                 |                   |                 |                   |
| Title           | AUTHORIZED MEMBER |                 |                   |
| Name            | BIRCH, PATRICIA J |                 |                   |
| Address         | 12202 SW 107TH CT |                 |                   |
| City-State-Zip: | MIAMI FL 33176    |                 |                   |

*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:** PATRICIA BIRCH

**AUTHORIZED MEMBER**

**02/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date