## 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.

Electronic Signature of Signing Authorized Person(s) Detail

## SIGNATURE: LOUIS TAUBMAN

City-State-Zip: MIAMI FL 33131

### .....

SIGNATURE	MARK DAVID HUNTER			02/08/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	HUNTER, MARK D	Name	TAUBMAN, LOUIS E	
Address	2 ALHAMBRA PLAZA 650	Address	950 THIRD AVENUE SUITE 1904	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	NEW YORK NY 10022	
Title	AMBR			
Name	FISCHER, LUCIANA Z			
Address	777 BRICKELL AVENUE, 5TH FLOOR			

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.

2 ALHAMBRA PLAZA 650

## **Current Mailing Address:**

950 THIRD AVENUE **SUITE 1904** NEW YORK, NY 10022 US

## FEI Number: 47-3851593

CORAL GABLES, FL 33134 US

HUNTER, MARK D 2 ALHAMBRA PLAZA

650

# Name and Address of Current Registered Agent:

CORAL GABLES, FL 33134

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L15000053025

Entity Name: HUNTER TAUBMAN FISCHER LI LLC

## **Current Principal Place of Business:**

Secretary of State 4227382325CC

Certificate of Status Desired: No

FILED Feb 08, 2024

> 02/08/2024 Date

MANAGING PARTNER