

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000139380

**Entity Name:** SUNWEST COMMERCE CENTER, LLC

**Current Principal Place of Business:**

15481 SW 12TH STREET  
UNIT 309  
SUNRISE, FL 33326

**FILED**  
**Jan 30, 2024**  
**Secretary of State**  
**1284245119CC**

**Current Mailing Address:**

15481 SW 12TH STREET  
UNIT 309  
SUNRISE, FL 33326 US

**FEI Number:** 47-5114190

**Certificate of Status Desired:** No

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

LEOPOLD KORN, P.A.  
18851 NE 29TH AVENUE  
SUITE 410  
AVENTURA, FL 33180 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  
Name            CENTERLINE CAPITAL ADVISORS,  
                    LLC  
Address        15481 SW 12TH STREET  
                    UNIT 309  
City-State-Zip: SUNRISE FL 33326

*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:** CCA

AMBR

01/30/2024

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

\_\_\_\_\_  
Date