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

SIGNATURE: ESTEBAN E ORTIZ

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 

451 SW 10ST MIAMI, FL 33130

DOCUMENT# L16000155804

Entity Name: 451 BRICKELL WEST, LLC

**Current Principal Place of Business:** 

**520 BRICKELL KEY DRIVE** SUITE O-303 MIAMI, FL 33133 UN

#### FEI Number: 81-4248261

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

ORTIZ, ESTEBAN E **520 BRICKELL KEY DRIVE** SUITE O-303 MIAMI, FL 33131 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

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ORTIZ, ESTEBAN E	Name	RODRIGUEZ, YURAIMA
Address	520 BRICKELL KEY DRIVE SUITE O-303	Address	4701 SW 4 STREET
		City-State-Zip:	CORAL GABLES FL 33134
City-State-Zip:	MIAMI FL 33131		

Certificate of Status Desired: No

that my name appears above, or on an attachment with all other like empowered.

MANAGER

04/14/2023

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED Apr 14, 2023 Secretary of State

5475284145CC

Date