

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000196003

**Entity Name:** 1607 PONCE DE LEON BLVD UNIT 205 LLC

**Current Principal Place of Business:**

1607 PONCE DE LEON BLVD., SUITE 205  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1607 PONCE DE LEON BLVD., SUITE 205  
CORAL GABLES, FL 33134

**FEI Number:** 81-4365012

**Certificate of Status Desired:** No

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

KLASSMAN, ISABEL R  
9200 BAY HARBOR TERRACE, APT. 5C  
BAY HARBOR ISLANDS, FL 33154 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 BRYCE COUNTRY CORPORATION  
Address 1607 PONCE DE LEON BLVD., SUITE 205  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name TOSELLI, JUAN R  
Address 1607 PONCE DE LEON BLVD., SUITE 205  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name SUAREZ, SILVIA S  
Address 1607 PONCE DE LEON BLVD., SUITE 205  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name TOSELLI, JUAN C  
Address 1607 PONCE DE LEON BLVD., SUITE 205  
City-State-Zip: CORAL GABLES FL 33134

*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:** JUAN TOSELLI

**MGR**

**04/02/2024**

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

\_\_\_\_\_  
Date