

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000203591

Entity Name: 475 EAST 46TH STREET, LLC

Current Principal Place of Business:

45 WEST 17TH STREET
HIALEAH, FL 33010

Current Mailing Address:

45 WEST 17TH STREET
HIALEAH, FL 33010 US

FEI Number: 81-5175741

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANCHEZ, GISELLE
45 WEST 17TH STREET
HIALEAH, FL 33010 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 | MGR | Title | AMBR |
| Name | SANCHEZ, PEDRO A | Name | HERNANDEZ, MARITZA |
| Address | 45 WEST 17TH STREET | Address | 45 WEST 17TH STREET |
| City-State-Zip: | HIALEAH FL 33010 | City-State-Zip: | HIALEAH FL 33010 |
| | | | |
| Title | AUTHORIZED MEMBER | Title | AUTHORIZED MEMBER |
| Name | SANCHEZ, GISELLE | Name | SANCHEZ, YOVAN |
| Address | 45 WEST 17TH STREET | Address | 45 WEST 17TH STREET |
| City-State-Zip: | HIALEAH FL 33010 | City-State-Zip: | HIALEAH FL 33010 |

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: GISELLE SANCHEZ

REGISTERED AGENT

03/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date