

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000006755

**Entity Name:** 1809 BRICKELL PLACE LLC

**Current Principal Place of Business:**

1865 BRICKELL AVENUE  
UNIT A-1809  
MIAMI, FL 33129

**Current Mailing Address:**

1865 BRICKELL AVENUE  
UNIT A-1809  
MIAMI, FL 33129

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SEGAL, WILLIAM J  
20801 BISCAYNE BLVD  
SUITE 304  
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 MGR  
Name FIHMAN, MIRIAM  
Address CALLE AC4, QUINTA ROSA,  
CARACAS - VENEZUELA  
City-State-Zip: CAURIMARE, CARACAS OC

Title AMBR  
Name FUNDACION ROSANDRA  
Address 1865 BRICKELL AVENUE, UNIT A-1809  
City-State-Zip: MIAMI FL 33129

Title MGR  
Name EINHORN, ALEXANDRA  
Address 333 W. 56TH STREET  
APT. 5A  
City-State-Zip: NEW YORK NY 10019

*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:** ROSA EINHORN

**MANAGER**

**03/29/2023**

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

\_\_\_\_\_  
Date