

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000018737

**Entity Name:** ELES A 18 BISCAYNE BLVD LLC

**Current Principal Place of Business:**

3347 NE 168BST  
N MIAMI BEACH, FL 33160

**Current Mailing Address:**

1835 NE MIAMI GARDENS DR STE 415  
N MIAMI BEACH, FL 33179 US

**FEI Number:** 81-5168358

**Certificate of Status Desired:** No

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

CHOCRON, SADIA  
3347 NE 168 ST  
N MIAMI BEACH, FL 33160 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 MANAGER

Name CHOCRON, SADIA

Address 1835 NE MIAMI GARDENS DR STE 415

City-State-Zip: N MIAMI BEACH FL 33179

Title MANAGER

Name KASWAN CHOCRON, ELENA

Address 1835 NE MIAMI GARDENS DR STE 415

City-State-Zip: N MIAMI BEACH FL 33179

*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:** SADIA CHOCRON

**MNGR**

**03/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date