

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000065690

**Entity Name:** 667 E24ST LLC

**Current Principal Place of Business:**

C/O ROBERT W. PITTMAN, P.A.  
3050 BISCAYNE BLVD SUITE 701  
MIAMI, FL 33137

**Current Mailing Address:**

C/O ROBERT W. PITTMAN, P.A.  
3050 BISCAYNE BLVD SUITE 701  
MIAMI, FL 33137 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ROBERT W. PITTMAN, P.A.  
C/O ROBERT W. PITTMAN, P.A.  
3050 BISCAYNE BLVD SUITE 701  
MIAMI, FL 33137 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 PITTMAN, NOEMI  
Address 601 E 23 ST  
City-State-Zip: HIALEAH FL 33013

Title AUTHORIZED MEMBER  
Name PITTMAN, ROBERT  
Address C/O ROBERT W. PITTMAN, P.A.  
3050 BISCAYNE BLVD SUITE 701  
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED MEMBER  
Name PITTMAN, RONALD  
Address 35310 LAKE EDWARD DR.  
City-State-Zip: ZEPHERHILLS FL 33541

*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:** ROBERT PITTMAN

**AUTHORIZED MEMBER**

**04/16/2023**

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

\_\_\_\_\_  
Date