

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000162039

Entity Name: 1483 NW 58 STREET, LLC**Current Principal Place of Business:**12206 CLEGHORN RD
C/O GLOBAL ASSET PROPERTY ADVISORS, INC.
COCKEYSVILLE, MD 21030**Current Mailing Address:**12206 CLEGHORN RD
C/O GLOBAL ASSET PROPERTY ADVISORS, INC.
COCKEYSVILLE, MD 21030 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AURELIEN, SOLANGE
1355 NW 113 TERRACE
MIAMI, FL 33167 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	GLOBAL ASSET PROPERTY ADVISORS, INC.
Address	12206 CLEGHORN RD
City-State-Zip:	COCKEYSVILLE MD 21030

Title	AR
Name	AURELIEN, GUETER
Address	12206 CLEGHORN RD
City-State-Zip:	COCKEYSVILLE MD 21030

Title	AR
Name	AURELIEN, SOLANGE
Address	1355 NW 113 TERRACE
City-State-Zip:	MIAMI FL 33167

Title	AR
Name	RHODEN, FREDDIE
Address	12206 CLEGHORN RD
City-State-Zip:	COCKEYSVILLE MD 21030

Title	AUTHORIZED REPRESENTATIVE
Name	AURELIEN, ANDRE
Address	1355 NW 113 TERRACE
City-State-Zip:	MIAMI FL 33167

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: GUETER AURELIEN**AUTHORIZED
REPRESENTATIVE****04/17/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date