

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000225088

**Entity Name:** NMB 535 LLC

**Current Principal Place of Business:**

5000 SW 192ND TERRACE  
SOUTH WEST RANCHES, FL 33332

**Current Mailing Address:**

5000 SW 192 TERRACE  
SW RANCHES, FL 33332 US

**FEI Number:** 82-3253010

**Certificate of Status Desired:** No

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

LOPEZ, LIANNE  
5000 SW 192ND TERRACE  
SOUTHWEST RANCHES, FL 33332 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	MGR
Name	LOPEZ, LIANNE	Name	LOPEZ, LAURA
Address	5000 SW 192ND TERRACE	Address	5000 SW 192ND TERRACE
City-State-Zip:	SOUTHWEST RANCHES FL 33332	City-State-Zip:	SOUTHWEST RANCHES FL 33332

*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:** LIANNE LOPEZ

MGR

01/30/2023

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

\_\_\_\_\_ Date