

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000013136

**Entity Name:** 15 HERSEY, LLC

**Current Principal Place of Business:**

931 JEFFERSON BOULEVARD  
C/O VINCENT VINCI, CPA SUITE 3006  
WARWICK, RI 02886

**Current Mailing Address:**

931 JEFFERSON BOULEVARD  
C/O VINCENT VINCI, CPA SUITE 3006  
WARWICK, RI 02886 US

**FEI Number:** 93-2475180

**Certificate of Status Desired:** Yes

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

VINCI, VINCENT CPA  
15 HERSEY DRIVE  
OCEAN RIDGE, FL 33435 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           SHAHBANDI, MATTHEW  
Address        931 JEFFERSON BOULEVARD  
                  C/O VINCENT VINCI, CPA SUITE 3006  
City-State-Zip: WARWICK RI 02886

*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:** MATTHEW SHAHBANDI, MD

**MANAGER**

**01/03/2025**

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

\_\_\_\_\_  
Date