

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000059412

**Entity Name:** 323 FLAGLER AVENUE LLC**Current Principal Place of Business:**323 FLAGLER AVENUE  
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**133-15 BEACH CHNNEL DR  
ROCKAWAY PARK, NY 11694 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WARNER, P.J.  
508 FAULKNER STREET  
NEW SMYRNA BEACH, FL 32168 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            | 6202-6217 REALTY LLC       |
| Address         | 133-15 BEACH CHANNEL DRIVE |
| City-State-Zip: | ROCKAWAY PARK NY 11694     |

|                 |                         |
|-----------------|-------------------------|
| Title           | AMBR                    |
| Name            | SCHARFF, MARK           |
| Address         | 133-15 BEACH CHANNEL DR |
| City-State-Zip: | ROCKAWAY PARK NY 11694  |

|                 |                         |
|-----------------|-------------------------|
| Title           | AMBR                    |
| Name            | SCHARFF, KENNETH        |
| Address         | 133-15 BEACH CHANNEL DR |
| City-State-Zip: | ROCKAWAY PARK NY 11694  |

*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:** MARK SCHARFF

MBR

01/18/2023

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