

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000077721

**Entity Name:** NSQUARED TB 1115 LLC

**Current Principal Place of Business:**

16001 COLLINS AVENUE  
APT 4106  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

16001 COLLINS AVENUE  
APT 4106  
SUNNY ISLES, FL 33160 US

**FEI Number:** 82-5092853

**Certificate of Status Desired:** No

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

SEGAL, WILLIAM J ESQ.  
20801 BISCAYNE BOULEVARD  
SUITE 304  
AVENTURA, FL 33180 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	GANNIO, LEONARDO C	Name	DEGIOVANNI, FABRICIA R
Address	16001 COLLINS AVENUE, SUITE 4106	Address	16001 COLLINS AVENUE, UNIT 4106
City-State-Zip:	SUNNY ISLES FL 33160	City-State-Zip:	SUNNY ISLES FL 33160

*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:** LEONARDO GANNIO

**MANAGER**

**01/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date