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: ELOY ARCIA

MGR

Current Mailing Address:

Current Principal Place of Business:

39 VASSAR STREET GARDEN CITY, NY 11530

FORT LAUDERDALE, FL 33312

DOCUMENT# L18000093067

600 W. LAS OLAS BLVD.

801

Entity Name: FLORIDA PTY, LLC

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

ARCIA, ELOY A 600 W. LAS OLAS BLVD. 801 FORT LAUDERDALE, FL 33312 US Certificate of Status Desired: No

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	ELOY A ARCIA			01/27/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	AMBR	
Name	ARCIA, ELOY A	Name	ARCIA, ELOY A	
Address	600 W. LAS OLAS BLVD.	Address	600 W. LAS OLAS BLVD.	
City-State-Zip:	FORT LAUDERDALE FL 33312	City-State-Zip:	FORT LAUDERDALE FL 33312	
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	ARCIA, KATHERINE EDITH	Name	ARCIA, JAN GABRIEL	
Address	39 VASSAR STREET	Address	39 VASSAR STREET	
City-State-Zip:	GARDEN CITY NY 11530	City-State-Zip:	GARDEN CITY NY 11530	

Electronic Signature of Signing Authorized Person(s) Detail