

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000114511

**Entity Name:** 8590 LITTLEFIELD LLC

**Current Principal Place of Business:**

24001 SOUTHFILED RD  
203  
SOUTHFIELD, MI 48075

**Current Mailing Address:**

24001 SOUTHFILED RD  
203  
SOUTHFIELD, MI 48075 US

**FEI Number:** 83-3377446

**Certificate of Status Desired:** No

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

DARIO J DOMFROCHT PA  
21000 NE 24TH AVE  
MIAMI , 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 MEMBER  
Name SITT COHEN, DAVID  
Address 19966 LIVERNOIS AVE  
City-State-Zip: DETROIT MI 48221

Title MEMBER  
Name SITT LEVY, ELIE  
Address 19966 LIVERNOIS AVE  
City-State-Zip: DETROIT MI 48221

Title AUTHORIZED REPRESENTATIVE  
Name LIVE DETROIT PROPERTIES INC  
Address 24001 SOUTHFILED RD  
203  
City-State-Zip: SOUTHFIELD MI 48075

*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:** DARIO DOMFROCHT

**REGISTERED AGENT**

**04/08/2024**

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

\_\_\_\_\_  
Date