

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000231930

**Entity Name:** 1116 S 19TH AVE., LLC

**Current Principal Place of Business:**

200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020 UN

**FEI Number:** 83-2108962

**Certificate of Status Desired:** Yes

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

DE LUCCA, MICHAEL  
200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020 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           BROWARD REGIONAL HEALTH  
                  PLANNING COUNCIL, INC  
Address        200 OAKWOOD LANE  
                  SUITE 100  
City-State-Zip: HOLLYWOOD FL 33020

*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:** MICHAEL DE LUCCA

**PRESIDENT**

**01/16/2024**

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

\_\_\_\_\_  
Date