

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000256961

Entity Name: NOLAT VENTURES, LLC**Current Principal Place of Business:**310 NW 26 STREET
SUITE B
MIAMI, FL 33127**Current Mailing Address:**310 NW 26 STREET
SUITE B
MIAMI, FL 33127 US**FEI Number:** 83-2463750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SREBNICK, SCOTT A
310 NW 26 STREET
SUITE B
MIAMI, FL 33127 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 AUTHORIZED MEMBER
Name SREBNICK MANAGEMENT ONE, LLC
Address 105 EAST RIVO ALTO
City-State-Zip: MIAMI BEACH FL 33139

Title AUTHORIZED MEMBER
Name SREBNICK MANAGEMENT TWO, LLC
Address 310 NW 26 STREET
SUITE B
City-State-Zip: MIAMI FL 33127

Title AUTHORIZED MEMBER
Name SREBNICK MANAGEMENT THREE,
LLC
Address 310 NW 26 STREET
SUITE B
City-State-Zip: MIAMI FL 33127

Title AUTHORIZED MEMBER
Name S-BRICK CAPITAL, LLC
Address 310 NW 26 STREET
SUITE B
City-State-Zip: MIAMI FL 33127

Title AUTHORIZED MEMBER
Name FURST 545 WYN, LLC
Address 570 NORTHEAST 57 STREET
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED MEMBER
Name KV 545 WYN LLC
Address 555 MADISON AVENUE
FLOOR 6
City-State-Zip: NEW YORK NY 10022

Title AUTHORIZED MEMBER
Name DF2MF2 LLC
Address 915 BAYAMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

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: SCOTT A. SREBNICK**REGISTERED AGENT****02/15/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date