2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000256961

Entity Name: NOLAT VENTURES, LLC

Current Principal Place of Business:

2214 N.W. 1 PLACE
2ND FLOOR
MIAMI, FL 33127

Current Mailing Address:

2214 N.W. 1 PLACE
2ND FLOOR
MIAMI, FL 33127 US

FEI Number: 83-2463750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SREBNICK, SCOTT A
2214 N.W. 1 PLACE
2ND FLOOR
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		Title	AUTHORIZED MEMBER
Name	SREBNICK MANAGEMENT ONE, LLC		Name	SREBNICK MANAGEMENT TWO, LLC
Address	105 EAST RIVO ALTO		Address	2214 N.W. 1 PLACE 2ND FLOOR
City-State-Zip:	MIAMI BEACH FL 33139		City-State-Zip:	MIAMI FL 33127

Title	AUTHORIZED MEMBER		Title	AUTHORIZED MEMBER
Name	SREBNICK MANAGEMENT THREE, LLC		Name	S-BRICK CAPITAL, LLC
Address	2214 N.W. 1 PLACE 2ND FLOOR		Address	201 S BISCAYNE BLVD STE 1210
City-State-Zip:	MIAMI FL 33127		City-State-Zip:	MIAMI FL 33131

Title	AUTHORIZED MEMBER		Title	AUTHORIZED MEMBER
Name	FURST 545 WYN, LLC		Name	KV 545 WYN LLC
Address	570 NORTHEAST 57 STREET		Address	555 MADISON AVENUE FLOOR 6
City-State-Zip:	MIAMI FL 33137		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 SREBNICK   REGISTERED AGENT   01/27/2021

Electronic Signature of Signing Authorized Person(s) Detail   Date