

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000116110

**Entity Name:** 499 NE 7TH STREET, LLC

**Current Principal Place of Business:**

1089 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480

**Current Mailing Address:**

1089 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480 US

**FEI Number:** 85-0595214

**Certificate of Status Desired:** No

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

ASSOCIATED CORPORATE SERVICES, LLC  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 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 MGR  
Name PEARLMAN, JONATHAN  
Address 1089 SOUTH OCEAN BOULEVARD  
City-State-Zip: PALM BEACH FL 33480

*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:** JONATHAN PEARLMAN

**MANAGER**

**04/02/2020**

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

\_\_\_\_\_  
Date