

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000180154

**Entity Name:** 14 S EAST COAST, LLC

**Current Principal Place of Business:**

1013 LUCERNE AVE  
SUITE 300  
LAKE WORTH, FL 33460

**Current Mailing Address:**

1013 LUCERNE AVE  
SUITE 300  
LAKE WORTH, FL 33460 US

**FEI Number:** 85-1611960

**Certificate of Status Desired:** No

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

BROOKEVILLE ASSOCIATES LLC  
1013 LUCERNE AVE  
SUITE 300  
LAKE WORTH, FL 33460 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 AGNELO GONSALVES  
Address 21516 NEW HAMPSHIRE AVE  
City-State-Zip: BROOKEVILLE MD 20833

*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:** AGNELO GONSALVES

**MANAGER**

**04/28/2023**

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

\_\_\_\_\_  
Date