

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000288525

**Entity Name:** 1565 W 36 ST LLC

**Current Principal Place of Business:**

5500 NW 49TH AVENUE  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

5500 NW 49TH AVENUE  
COCONUT CREEK, FL 33073

**FEI Number:** 84-3938298

**Certificate of Status Desired:** No

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

CAREY LAW GROUP, PA  
1801 INDIAN RD  
STE 103  
WEST PALM BEACH, FL 33409 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 SOSA, JULIO  
Address 5500 NW 49TH AVENUE  
City-State-Zip: COCONUT CREEK FL 33073

Title MGR  
Name ARVELO, ROSARIO  
Address 5500 NW 49TH AVENUE  
City-State-Zip: COCONUT CREEK FL 33073

Title MANAGER  
Name ARVELO, MAXIMO  
Address 5500 NW 49TH AVENUE  
City-State-Zip: COCONUT CREEK FL 33073

Title MANAGER  
Name SOSA ARVELO, ADRIAN ARTURO  
Address 5500 NW 49TH AVENUE  
City-State-Zip: COCONUT CREEK FL 33073

*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:** ROSARIO ARVELO DE SOSA

**MANAGER**

**02/03/2022**

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

\_\_\_\_\_  
Date