

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000007576

**Entity Name:** 111 SW MADISON LLC

**Current Principal Place of Business:**

1 SADDLE LN  
ROSLYN HEIGHTS, NY 11577

**Current Mailing Address:**

1 SADDLE LN  
ROSLYN HEIGHTS, NY 11577 US

**FEI Number:** 84-4283151

**Certificate of Status Desired:** No

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

UNITED CORPORATE SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE , FL 32312 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 AMBR  
Name SIVIN, BRIAN S  
Address 1 SADDLE LN  
City-State-Zip: ROSLYN HEIGHTS NY 11577

Title AMBR  
Name SIVIN, MARNI S  
Address 1 SADDLE LN  
City-State-Zip: ROSLYN HEIGHTS NY 11577

Title AMBR  
Name LEVINE, ROSS D  
Address 1 SADDLE LN  
City-State-Zip: ROSLYN HEIGHTS NY 11577

Title AMBR  
Name LEVINE, MICHAEL C  
Address 116 PEMBROKE AVE  
City-State-Zip: MELLVILLE NY 11747

Title PRESIDENT  
Name DEAN, JUSTIN  
Address 2852 20TH AVE N  
City-State-Zip: ST PETERSBURG FL 33713

*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:** JUSTIN DEAN

**MGR**

**02/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date