

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000029241

**Entity Name:** 950 LAVERS CIRCLE F404 LLC

**Current Principal Place of Business:**

599 W. ROYAL PALM RD.  
BOCA RATON, FL 33486

**Current Mailing Address:**

599 W. ROYAL PALM RD.  
BOCA RATON, FL 33486 US

**FEI Number:** 84-4336667

**Certificate of Status Desired:** No

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

GLICKSMAN, RANDY  
599 W. ROYAL PALM RD.  
BOCA RATON, FL 33486 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 GLICKSMAN, RANDY  
Address 599 W. ROYAL PALM RD.  
City-State-Zip: BOCA RATON FL 33486

Title AMBR  
Name GLICKSMAN, STEVEN  
Address 599 W. ROYAL PALM RD.  
City-State-Zip: BOCA RATON FL 33486

Title AMBR  
Name GLIXMAN, PAUL  
Address 599 W. ROYAL PALM RD.  
City-State-Zip: BOCA RATON FL 33486

*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:** RANDY M GLICKSMAN

AMBR

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date