

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000069894

**Entity Name:** 1641 NW114TH AVE, LLC

**Current Principal Place of Business:**

1641 NW 114TH AVE  
PLANTATION, FL 33324

**Current Mailing Address:**

8390 NW 21ST STREET  
SUNRISE, FL 33322 US

**FEI Number:** 86-1752432

**Certificate of Status Desired:** No

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

LEVEILLE, ANNE MERCIE  
8390 NW 21ST STREET  
SUNRISE, FL 33322 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	Title	AMBR
Name	CHARLES-POLYCARPE, STACEYANNE	Name	LEVEILLE, ANNE MERCIE
Address	8390 NW 21 ST STREET	Address	8390 NW 21ST STREET
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	SUNRISE FL 33322

*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:** ANNE MERCIE LEVEILLE

AMBR

08/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date