| 2023 | <b>FLORIDA</b> | LIMITED | LIABILITY | COMPANY | ANNUAL | REPORT |
|------|----------------|---------|-----------|---------|--------|--------|
|      |                |         |           |         |        |        |

DOCUMENT# L20000081084

#### Entity Name: 1140 PROPERTIES LLC

### Current Principal Place of Business:

1140 SE 9 AVENUE POMPANO BEACH, FL 33060

## **Current Mailing Address:**

BRYGGVAGEN 13 TYRESO, 13562 SE

## FEI Number: 61-1982994

## Name and Address of Current Registered Agent:

ANDERSSON, BERNT 1140 SE 9 AVENUE POMPANO BEACH, FL 33060 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

# Authorized Person(s) Detail :

| Title           | MGR                    | Title           | MGR                    |
|-----------------|------------------------|-----------------|------------------------|
| Name            | ANDERSSON, BERNT       | Name            | OLSSON, GITA           |
| Address         | 1140 SE 9 AVENUE       | Address         | 1140 SE 9 AVENUE       |
| City-State-Zip: | POMPANO BEACH FL 33060 | City-State-Zip: | POMPANO BEACH FL 33060 |
|                 |                        |                 |                        |
| Title           | AUTHORIZED MEMBER      |                 |                        |
| Name            | SANARI, ARASH          |                 |                        |
| Address         | 1140 SE 9 AVENUE       |                 |                        |
| City-State-Zip: | POMPANO BEACH FL 33060 |                 |                        |
|                 |                        |                 |                        |

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: BERNT ANDERSSON

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 23, 2023 Secretary of State 0187479130CC

Certificate of Status Desired: No