

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000095882

**Entity Name:** 957NW10ST LLC

**Current Principal Place of Business:**

10 EDGEWATER DR APT  
7E  
CORAL GABLES, FL 33133

**Current Mailing Address:**

10 EDGEWATER DR APT  
7E  
CORAL GABLES, FL 33133 US

**FEI Number:** 85-0706450

**Certificate of Status Desired:** No

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

STEIN, JORGE E  
10 EDGEWATER DR APT 7E  
CORAL GABLES, FL 33133 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 STEIN, JORGE E  
Address 10 EDGEWATER DR APT 7E  
City-State-Zip: CORAL GABLES FL 33133

Title MGR  
Name ABRARPOUR, AMANDA  
Address 575 REINANTE AVE  
City-State-Zip: CORAL GABLES FL 33156

*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:** JORGE STEIN

**AGENT**

**02/08/2024**

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

\_\_\_\_\_  
Date