

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000392236

**Entity Name:** 545 SANCTUARY, LLC

**Current Principal Place of Business:**

545 SANCTUARY DRIVE APT B806  
LONGBOAT, FL 34228

**Current Mailing Address:**

545 SANCTUARY DRIVE APT B806  
LONGBOAT, FL 34228

**FEI Number:** 86-1198261

**Certificate of Status Desired:** No

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

MILLER, BLOSSOM  
545 SANCTUARY DRIVE APT B806  
LONGBOAT, FL 34228 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 MILLER, SAMUEL  
Address 9 THORMAN LANE  
City-State-Zip: HUNTINGTON NY 11743

Title AMBR  
Name KATZ R, JANICE  
Address 114 EAST 72ND STREET APT 18C  
City-State-Zip: NEW YORK NY 10021

Title AMBR  
Name MILLER, GARY  
Address 53 WEST 89TH STREET APT 1A  
City-State-Zip: NEW YORK NY 10024

*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:** SAMUEL MILLER

MEMBER

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date