#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CLAUDIA LEVY

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000126216

Entity Name: 535 OAKS DRIVE #110, LLC

#### Current Principal Place of Business:

535 OAKS DRIVE #110 POMPANO BEACH, FL 33060

# **Current Mailing Address:**

535 OAKS DRIVE #110 POMPANO BEACH, FL 33060

# FEI Number: APPLIED FOR

# Name and Address of Current Registered Agent:

BILU, GEIL S 7822 NW 44 STREET SUNRISE, FL 33351 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	AMBR	Title	AMBR
Name	LEVY, CLAUDIA	Name	COHEN, RON
Address	535 OAKS DR APT 110	Address	6520 PLATT AVENUE 355
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	LOS ANGELES CA 91307

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

FILED Feb 27, 2023 Secretary of State 8180635841CC

Certificate of Status Desired: No

02/27/2023

Date

Date