

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000158826

**Entity Name:** 1045 25TH AVE N LLC

**Current Principal Place of Business:**

4222 INTERLAKE DR  
TAMPA, FL 33624

**FILED**  
**Feb 21, 2023**  
**Secretary of State**  
**9249914811CC**

**Current Mailing Address:**

4222 INTERLAKE DR  
TAMPA, FL 33624 US

**FEI Number: 86-3270280**

**Certificate of Status Desired: No**

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

MONTYANO, RONEN  
4222 INTERLAKE DR  
TAMPA, FL 33624 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 GOLDEN KEY GROUP LLC  
Address 4222 INTERLAKE DR  
City-State-Zip: TAMPA FL 33624

Title MBR  
Name SHIELDS, RUSTIN  
Address 4222 INTERLAKE DR  
City-State-Zip: TAMPA FL 33624

Title MBR  
Name HOLMES, RICK  
Address 4222 INTERLAKE DR  
City-State-Zip: TAMPA FL 33624

Title MBR  
Name GLOBAL N.T.M. LTD  
Address 4222 INTERLAKE DR  
City-State-Zip: TAMPA FL 33624

Title MBR  
Name OR PROPERTIES LLC  
Address 4222 INTERLAKE DR  
City-State-Zip: TAMPA FL 33624

Title MBR  
Name NIV, IDO  
Address 4222 INTERLAKE DR  
City-State-Zip: TAMPA FL 33624

Title MBR  
Name NAHUM, ZION  
Address 4222 INTERLAKE DR  
City-State-Zip: TAMPA FL 33624

*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: GOLDEN KEY GROUP LLC**

**MEMBER**

**02/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date