

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000190782

**Entity Name:** LAS OLAS SUSHI LLC

**Current Principal Place of Business:**

200 EAST LAS OLAS BOULEVARD  
SUITE 110  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

8005 NW 90TH STREET  
MEDLEY, FL 33166 US

**FEI Number:** 86-3995397

**Certificate of Status Desired:** Yes

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

MARTINI, GREG ESQ.  
2334 PONCE DE LEON BLVD  
SUITE 250  
CORAL GABLES, FL 33134 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:** GREG MARTINI

04/06/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NG, ABE  
Address 2334 PONCE DE LEON BLVD SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name NG, ALLAN  
Address 8005 NW 90TH STREET  
City-State-Zip: MEDLEY FL 33166

Title MGR  
Name NG, BETTY  
Address 8005 NW 90TH STREET  
City-State-Zip: MEDLEY FL 33166

Title MGR  
Name NG, IVA  
Address 8005 NW 90TH STREET  
City-State-Zip: MEDLEY FL 33166

Title VP  
Name HO SANG, STEVE  
Address 8005 N.W. 90 STREET  
City-State-Zip: MEDLEY FL 33166

*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:** IVA NG

MGR

04/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date