

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000486478

**Entity Name:** 4069 SP LLC

**Current Principal Place of Business:**

16711 COLLINS AVE  
SUITE 1701  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

16711 COLLINS AVE  
SUITE 1701  
SUNNY ISLES, FL 33160 US

**FEI Number:** 87-3703344

**Certificate of Status Desired:** No

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

LIBSON, YURI  
16711 COLLINS AVE  
SUITE 1701  
SUNNY ISLES, FL 33160 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 LIBSON, YURI  
Address 16711 COLLINS AVE  
SUITE 1701  
City-State-Zip: SUNNY ISLES FL 33160

Title AMBR  
Name KANCHIK, FELIX  
Address 7 CORNELL DRIVE  
City-State-Zip: LIVINGSTON NJ 07039

Title AMRB  
Name RAKOVSKY, EDWARD  
Address 7 N. HILLSIDE AVE  
City-State-Zip: LIVINGSTON NJ 07039

Title AMBR  
Name LIBSON, GREGORY  
Address 148 FIRST STREET APT 802  
City-State-Zip: JERSEY CITY NJ 07032

*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:** LIBSON , YURI

**MEMBER**

**01/30/2023**

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

\_\_\_\_\_  
Date