

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000495835

**Entity Name:** MS ADVANCED LLC

**Current Principal Place of Business:**

995 NW 119TH STREET  
SUITE 680803  
MIAMI, FL 33168

**Current Mailing Address:**

995 NW 119TH STREET  
SUITE 680803  
MIAMI, FL 33168 US

**FEI Number:** 87-3681557

**Certificate of Status Desired:** No

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

RIVAS, CESAR  
1421 NW 103 ST  
STE 345  
MIAMI, FL 33147 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	MGRM	Title	MGRM
Name	RIVAS, CESAR	Name	RIVAS, MICHAEL
Address	1421 NW 103 ST, STE 345	Address	670 NW 112TH STREET
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	MIAMI 33168

*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:** CESAR RIVAS

**CO OWNER**

**04/09/2023**

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

\_\_\_\_\_  
Date