

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000004264

**Entity Name:** LOST TREE APARTMENTS LLC

**Current Principal Place of Business:**

300 OREGON ST #306  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

300 OREGON ST #306  
HOLLYWOOD, FL 33019

**FEI Number:** 87-4275717

**Certificate of Status Desired:** No

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

SALFORD CORPORATE SERVICES INC.  
20803 BISCAYNE BLVD STE 405  
AVENTURA, FL 33180 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 MGR  
Name EQUISHARES, INC.  
Address 300 OREGON ST #306  
City-State-Zip: HOLLYWOOD FL 33019

*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:** MATT PRESS

MEMBER

03/03/2023

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

\_\_\_\_\_ Date