

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000019038

**Entity Name:** 1901 LONGLEAF LW LLC

**Current Principal Place of Business:**

40-35 22ND STREET  
LONG ISLAND CITY, NY 11101

**Current Mailing Address:**

40-35 22ND STREET  
LONG ISLAND CITY, NY 11101 US

**FEI Number:** 87-4596167

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           AHLIN, APIN  
Address        40-35 22ND STREET  
City-State-Zip: LONG ISLAND CITY NY 11101

Title           MANAGER  
Name           WESTON, MARTIN  
Address        40-35 22ND STREET  
City-State-Zip: LONG ISLAND CITY NY 11101

*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:** APIN AHLIN

**MANAGER**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date