

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000031096

**Entity Name:** 923 PAPA G, LLC

**Current Principal Place of Business:**

10310 NW 5TH STREET  
PLANTATION, FL 33324

**Current Mailing Address:**

P.O. BOX 550175  
DAVIE, FL 33355

**FEI Number:** 87-4442755

**Certificate of Status Desired:** No

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

APPLEBAUM, SAMUEL H  
10310 NW 5TH STREET  
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           | AMBR                | Title           | AMBR                   |
| Name            | APPLEBAUM, DEBRA A  | Name            | SEMEL, DAVID E         |
| Address         | 10310 NW 5TH STREET | Address         | 4010 COUNTRY CLUB ROAD |
| City-State-Zip: | PLANATION FL 33324  | City-State-Zip: | CORSICANA TX 75110     |

*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:** DEBRA APPLEBAUM

AMBR

02/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date