

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000033786

**Entity Name:** 4143 NW 90TH AVE LLC

**Current Principal Place of Business:**

4143 NW 90TH AVE, APT 207  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

4143 NW 90TH AVE, APT 207  
CORAL SPRINGS, FL 33065 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MENDOZA, DENISE  
4143 NW 90TH AVE, APT 207  
CORAL SPRINGS, FL 33065 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            MENDOZA, DENISE  
Address        4143 NW 90TH AVE, APT 207  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** MENDOZA, DENISE

**MANAGER**

**05/03/2023**

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

\_\_\_\_\_ Date