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: REINALDO COLINAS

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 15456 SW 32TH TERR MIAMI, FL 33185

Entity Name: 145 OCEAN AVE UNIT 303 LLC

## **Current Mailing Address:**

DOCUMENT# L22000060903

15456 SW 32TH TERR MIAMI, FL 33185 US

## FEI Number: 92-1708513

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

COLINAS, REINALDO A 15456 SW 32TH TERR MIAMI, FL 33185 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:	: REINALDO COLINAS			04/15/2024	
		Electronic Signature of Registered Agent		Date		
Authorized Person(s) Detail :						
	Title	AMBR	Title	AMBR		
	Name	COLINAS, REINALDO A	Name	COLINA, ISABEL		
	Address	15456 SW 32TH TERR	Address	15456 SW 32TH TERR		
	City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33185		

## Certificate of Status Desired: No

FILED Apr 15, 2024 Secretary of State 5910971640CC

Date

AMBR

04/15/2024

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT