

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000118567

**Entity Name:** 5205 NORTH KYLAN DR-PSJAX20 LLC

**Current Principal Place of Business:**

667 MADISON AVENUE  
FLOOR 20  
NEW YORK, NY 10065

**Current Mailing Address:**

667 MADISON AVENUE  
FLOOR 20  
NEW YORK, NY 10065

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

VCORP SERVICES, LLC  
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 AMBR  
Name PS HEYMAN LLC  
Address 667 MADISON AVENUE, FLOOR 20  
City-State-Zip: NEW YORK NY 10065

*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: PS HEYMAN LLC**

**AMBR**

**03/16/2023**

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

\_\_\_\_\_  
Date