

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000143818

**Entity Name:** 8612 15TH WAY N, LLC

**Current Principal Place of Business:**

3225 MCLEOD DR.  
SUITE 100  
LAS VEGAS, NV 89121

**Current Mailing Address:**

3225 MCLEOD DR.  
SUITE 100  
LAS VEGAS, NV 89121 US

**FEI Number:** 88-1384002

**Certificate of Status Desired:** No

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

ANDERSON REGISTERED AGENTS, INC.  
625 E. TWIGGS STREET  
SUITE 110  
TAMPA, FL 33602 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            CALILICA, LLC  
Address        30 N GOULD ST STE N  
City-State-Zip: SHERIDAN WY 82801

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:** CALILICA, LLC

**MANAGING MEMBER**

**04/21/2023**

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

\_\_\_\_\_  
Date