## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000165433

Entity Name: 3337 BRYN MAWR DR, LLC

**Current Principal Place of Business:** 

505 SOUTH FLAGLER DRIVE, SUITE 900

WEST PALM BEACH, FL 33401

## **Current Mailing Address:**

505 SOUTH FLAGLER DRIVE, SUITE 900 WEST PALM BEACH, FL 33401 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LOUIS COHEN 505 SOUTH FLAGLER DRIVE, SUITE 900 WEST PALM BEACH, FL 33401 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

FILED Mar 08, 2023

**Secretary of State** 

8877367831CC

## Authorized Person(s) Detail:

Title AUTHORIZED REPRESENTATIVE

Name COHEN, LOUIS

Address 505 SOUTH FLAGLER DRIVE, SUITE

900

SIGNATURE: LOUIS COHEN

City-State-Zip: WEST PALM BEACH FL 33401

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.

AUTHORIZED REPRESENTATIVE 03/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date