

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000496437

**Entity Name:** 923, LLC

**Current Principal Place of Business:**

137 GOLDEN ISLES DR. #1406  
HALLANDALE, FL 33009

**Current Mailing Address:**

137 GOLDEN ISLES DR. #1406  
HALLANDALE, FL 33009 US

**FEI Number:** 38-4246633

**Certificate of Status Desired:** No

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

LOWERY, SHAMEKA  
137 GOLDEN ISLES DR. #1406  
HALLANDALE, FL 33009 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           MANAGER  
Name           LOWERY, SHAMEKA LOUISE  
Address        137 GOLDEN ISLES DR. #1406  
City-State-Zip: HALLANDALE FL 33009

*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:** SHAMEKA LOWERY

**MANAGER**

**01/05/2023**

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

\_\_\_\_\_  
Date