

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000523287

**Entity Name:** PROSPERITY FUND ADVISORS LLC

**Current Principal Place of Business:**

5005 COLLINS AVENUE  
APT. # 721  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5005 COLLINS AVENUE  
APT. # 721  
MIAMI BEACH, FL 33140 US

**FEI Number:** 92-2690351

**Certificate of Status Desired:** Yes

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

FISHMAN, ARIEL  
5005 COLLINS AVENUE  
APT. # 721  
MIAMI BEACH, FL 33140 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 MGR  
Name FISHMAN, ARIEL  
Address 5005 COLLINS AVENUE, APT. # 721  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name GALLAGHER, THOMAS S  
Address 66 LARCHMONT AVE  
City-State-Zip: LARCHMONT NY 10538

Title MGR  
Name FISHMAN, JOSEPH  
Address 59 BRIARWOOD LANE  
City-State-Zip: LAWRENCE NY 11559

*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:** THOMAS S GALLAGHER, ESQ.

**MANAGER**

**03/30/2023**

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

\_\_\_\_\_  
Date