

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000535522

**Entity Name:** 271 NW 35TH ST, LLC

**Current Principal Place of Business:**

10006 CROSS CREEK BLVD  
SUITE 111  
TAMPA, FL 33647

**Current Mailing Address:**

10006 CROSS CREEK BLVD  
SUITE 111  
TAMPA, FL 33647 US

**FEI Number:** 92-1774074

**Certificate of Status Desired:** No

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

CHEHAB, RIAD A  
10006 CROSS CREEK BLVD  
SUITE 111  
TAMPA, FL 33647 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, TREASURER,  
                  AUTHORIZED MEMBER  
Name           CHEHAB, RIAD A  
Address       10006 CROSS CREEK BLVD, SUITE  
                  111  
City-State-Zip: TAMPA FL 33647

Title           PRESIDENT, AUTHORIZED MEMBER  
Name           CHEHAB, AHMAD A  
Address       10006 CROSS CREEK BLVD, SUITE  
                  111  
City-State-Zip: TAMPA FL 33647

Title           VP, AUTHORIZED MEMBER  
Name           CHEHAB, BILAL A  
Address       10006 CROSS CREEK BLVD, SUITE  
                  111  
City-State-Zip: TAMPA FL 33647

*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:** RIAD A. CHEHAB

**MANAGER**

**03/26/2024**

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

\_\_\_\_\_  
Date