

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000394162

**Entity Name:** 945 LANE AVE LLC

**Current Principal Place of Business:**

945 LANE AVE  
SOUTH  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

81 COPPINGER PLACE  
ST JOHNS, FL 32259 US

**FEI Number:** 93-3180099

**Certificate of Status Desired:** No

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

REZA, MOHAMMED  
81 COPPINGER PLACE  
ST JOHNS, FL 32259 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 REZA, MD, MOHAMMED  
Address 81 COPPINGER PLACE  
City-State-Zip: ST JOHNS FL 32259

*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:** MOHAMMED REZA, MD

**MANAGER**

**03/29/2024**

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

\_\_\_\_\_  
Date