

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000480509

**Entity Name:** 3015 HIDDEN BAY LLC

**Current Principal Place of Business:**

3370 NE 190TH ST APT 3011  
AVENTURA, FL 33180

**Current Mailing Address:**

3370 NE 190TH ST APT 3011  
AVENTURA, FL 33180 US

**FEI Number:** 93-4044540

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 AMBR  
Name ATLAS, MATTHEW S  
Address 3370 NE 190TH ST APT 3011  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name ATLAS, ELINA  
Address 3370 NE 190TH ST APT 3011  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name ZASLAVSKY, GRIGORY  
Address 3370 NE 190TH ST APT 3011  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name ZASLAVSKY, VALENTINA  
Address 3370 NE 190TH ST APT 3011  
City-State-Zip: AVENTURA FL 33180

*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:** MATTHEW S ATLAS

**PARTNER**

**01/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date