

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000715

**Entity Name:** MASSRY FLORIDA, L.C.

**Current Principal Place of Business:**

BELLA VISTA MID-RISE N.  
20165 N.E. 39TH PL.  
AVENTURA, FL 33180

**Current Mailing Address:**

BELLA VISTA MID-RISE N.  
20165 N.E. 39TH PL.  
AVENTURA, FL 33180

**FEI Number:** 14-1785920

**Certificate of Status Desired:** No

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

MASSRY, NORMAN  
BELLA VISTA MID-RISE N.  
20165 N.E. 39TH PL.  
AVENTURA, FL 33180 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:** NORMAN MASSRY

04/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BIBAS, JACK  
Address 17 LANDING CREEK  
City-State-Zip: WILLIAMSVILLE NY 14221

Title MANAGER  
Name MASSRY, NORMAN  
Address 255 WASHINGTON AVE EXT  
City-State-Zip: ALBANY NY 12205

*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:** NORMAN MASSRY

MANAGER

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date