Date Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title MGR Title MGR Name GLAVAS, STEVEN Name CASWELL GLAVAS, SIOBHAN Address 36 OAKSIDE RD Address 36 OAKSIDE RD					
SMITHTOWN, NY 11787 US Certificate of Status Desired: No FEI Number: 26-1075690 Certificate of Status Desired: No Name and Adress of Current Registered Agent: KING, RICHARD KING, RICHARD Status Desired: No S220 SUMMERLIN COMMONS BLVD STE #500 FORT MYERS, FL 33907 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: PAMELA K. VAN VLECK 02/12/20 Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title MGR Name GLAVAS, STEVEN Name Address 36 OAKSIDE RD Address	Current Mai	ling Address:			
Name and Address of Current Registered Agent: KING, RICHARD C/O CPSWFL 5220 SUMMERLIN COMMONS BLVD STE #500 FORT MYERS, FL 33907 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: PAMELA K. VAN VLECK Date Authorized Person(s) Detail : Title MGR Name GLAVAS, STEVEN Name GLAVAS, STEVEN Address 36 OAKSIDE RD					
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SIGNATURE: PAMELA K. VAN VLECK 02/12/20 Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title MGR Title MGR Name GLAVAS, STEVEN Name CASWELL GLAVAS, SIOBHAN Address 36 OAKSIDE RD Address 36 OAKSIDE RD	C/O CPSWFL 5220 SUMMER	LIN COMMONS BLVD STE #500			
Date Electronic Signature of Registered Agent Authorized Person(s) Detail : Date Title MGR Title MGR Name GLAVAS, STEVEN Name CASWELL GLAVAS, SIOBHAN Address 36 OAKSIDE RD Address 36 OAKSIDE RD	The above named	d entity submits this statement for the nurnose of changing it	s registered office or regis	tered agent or both in the State of Elo	
Authorized Person(s) Detail :TitleMGRTitleMGRNameGLAVAS, STEVENNameCASWELL GLAVAS, SIOBHANAddress36 OAKSIDE RDAddress36 OAKSIDE RD			s registered onice of regis	lered agent, or both, in the State of Fiol	rida.
TitleMGRTitleMGRNameGLAVAS, STEVENNameCASWELL GLAVAS, SIOBHANAddress36 OAKSIDE RDAddress36 OAKSIDE RD	SIGNATURE		s registered once of regis	tered agent, or boun, in the State of Fio.	
NameGLAVAS, STEVENNameCASWELL GLAVAS, SIOBHANAddress36 OAKSIDE RDAddress36 OAKSIDE RD	SIGNATURE	E PAMELA K. VAN VLECK			02/12/2021
Address 36 OAKSIDE RD Address 36 OAKSIDE RD		E: PAMELA K. VAN VLECK Electronic Signature of Registered Agent			02/12/2021
	Authorized	PAMELA K. VAN VLECK Electronic Signature of Registered Agent Person(s) Detail :			02/12/2021
City-State-Zip: SMITHTOWN NY 11787 City-State-Zip: SMITHTOWN NY 11787	Authorized	E: PAMELA K. VAN VLECK Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	02/12/2021
	Authorized Title Name	E: PAMELA K. VAN VLECK Electronic Signature of Registered Agent Person(s) Detail : MGR GLAVAS, STEVEN	Title Name	MGR CASWELL GLAVAS, SIOBHAN	02/12/2021
	Authorized Title Name	E: PAMELA K. VAN VLECK Electronic Signature of Registered Agent Person(s) Detail : MGR GLAVAS, STEVEN 36 OAKSIDE RD	Title Name Address	MGR CASWELL GLAVAS, SIOBHAN 36 OAKSIDE RD	02/12/202

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.

02/12/2021 MGR SIGNATURE: GLAVAS, STEVEN

Electronic Signature of Signing Authorized Person(s) Detail

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: 10 WEST 90TH, STREET, LLC

Current Principal Place of Business:

C/O STEVEN GLAVAS, 36 OAKSIDE RD SMITHTOWN, NY 11787

DOCUMENT# M15000009210

Date

FILED Feb 12, 2021 **Secretary of State** 4699178562CC