that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALAN S. WALTERS

AUTHORIZED REPRESENTATIVE

Date

04/25/2023

Date

DOCUMENT# M2000004235

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: 15520 NW 2ND AVE, LLC

Current Principal Place of Business:

4770 BISCAYNE BLVD. STE:1400 MIAMI, FL 33137

Current Mailing Address:

4770 BISCAYNE BLVD. STE:1400 MIAMI, FL 33137 US

FEI Number: 85-0906877

Name and Address of Current Registered Agent:

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WALTERS, ALAN S 4770 BISCAYNE BLVD. STE:1400 MIAMI, FL 33137 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		
Authorized Person(s) Detail :			
Title	MGR	Title	AP
Name	BICKY, STEVEN	Name	WALTERS, ALAN S
Address	2745 N.E. 184TH WAY	Address	4770 BISCAYNE BLVD. STE:1400
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	MIAMI FL 33137
Title	MGR		
Name	SOSKIN, ARYEH		
Address	4101 PINE TREE DRIVE. APT:731		
City-State-Zip:	MIAMI BEACH FL 33140		

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

Certificate of Status Desired: No

FILED Apr 25, 2023 Secretary of State 6201625562CC

Electronic Signature of Signing Authorized Person(s) Detail