# appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing General Partner Detail

2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A2300000043

Entity Name: CARVER THEATER, LTD.

### **Current Principal Place of Business:**

161 NW 6TH STREET **SUITE 1020** MIAMI, FL 33136

#### **Current Mailing Address:**

8609 SOUTH DIXIE HWY PINECREST, FL 33156 US

### FEI Number: 93-2708435

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

Electronic Signature of Registered Agent

ROIG, ALDIS ESQ. 161 NW 6TH STREET **SUITE 1020** MIAMI, FL 33136 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:

General Partner Detail :			
Document #	L22000524179	Document #	
Name	APC CARVER THEATER, LLC	Name	MLK CARVER THEATER LLC
Address	161 NW 6TH STREET, SUITE 1020	Address	6114 NW 62ND ST.
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33127

SIGNATURE: APC CARVER THEATER, LLC GP

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name

Certificate of Status Desired: No

Date

03/27/2024 Date