

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000075883

**Entity Name:** LA MIRADA CENTER, LLC

**Current Principal Place of Business:**

9811 SAVONA WINDS DR.  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

P.O. BOX 480283  
DELRAY BEACH, FL 33448 US

**FEI Number:** 90-0234146

**Certificate of Status Desired:** No

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

CARAGLIO, LISA  
3501 WEST VINE STREET, SUITE 335  
KISSIMMEE, FL 34741 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 MGRM  
Name GOLAN, ELIAHU  
Address 9811 SAVONA WINDS DR  
City-State-Zip: DELRAY BEACH FL 33446

*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:** ELIAHU GOLAN

MGRM

04/20/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date