

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034774

**Entity Name:** 1140 NORTH MIAMI AVENUE LLC

**Current Principal Place of Business:**

1035 N MIAMI AVE  
401  
MIAMI, FL 33136

**Current Mailing Address:**

1035 N MIAMI AVE  
401  
MIAMI, FL 33136 US

**FEI Number:** 20-2642670

**Certificate of Status Desired:** No

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

MACLEOD, CHRISTOPHER  
1035 N MIAMI AVE  
401  
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:** CHRISTOPHER MACLEOD

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGING MEMBER	Title	MEMBER
Name	MACLEOD, CHRISTOPHER	Name	LOVINK, MICHELINE
Address	1035 N MIAMI AVE 401	Address	1240 27TH STREET NW
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	WASHINGTON DC 20007

*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:** CHRISTOPHER MACLEOD

MANAGING MEMBER

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date