

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030521

**Entity Name:** 2040 OPA LOCKA PLAZA, LLC**Current Principal Place of Business:**16850-112 COLLINS AVE 285  
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**P.O. BOX 634  
MIAMI BEACH, FL 33139 US**FEI Number:** 20-8927297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLFE, RICHARD CESQ.  
175 SW 7TH STREET  
SUITE 2410  
MIAMI, FL 33131 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	BEHAR FAMILY LIMITED PARTNERSHIP
Address	16850-112 COLLINS AVE 285
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	MGR
Name	BEHAR, MERCEDES
Address	16850 112 COLLINS AVE 285
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	MGR
Name	BEHAR, MOISES
Address	16850-112 COLLINS AVE 285
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	MANAGER
Name	BEHAR, BENJAMIN
Address	175 SW 7TH STREET SUITE 2410
City-State-Zip:	MIAMI FL 33130

*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:** MOISES BEHAR**PRESIDENT****03/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date