

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000055669

**Entity Name:** ABRAMS 565 NW 27 STREET, LLC.

**Current Principal Place of Business:**

6949 N. CALUMET CIRCLE  
LAKE WORTH , FL 33467

**Current Mailing Address:**

6949 N. CALUMET CIRCLE  
LAKE WORTH , FL 33467 US

**FEI Number:** 20-0293116

**Certificate of Status Desired:** No

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

ABRAMS, PETER F MANAGER  
6949 N. CALUMET CIRCLE  
LAKE WORTH , FL 33467 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:** PETER ABRAMS

02/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ABRAMS, PATRICE T  
Address 6949 N. CALUMET CIRCLE  
City-State-Zip: LAKE WORTH FL 33467

Title MGRM  
Name ABRAMS, PETER  
Address 6949 N. CALUMET CIRCLE  
City-State-Zip: LAKE WORTH FL 33467

*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:** PETER ABRAMS

MGRM

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date