

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000038999

**Entity Name:** IREM LASH LLC

**Current Principal Place of Business:**

3201 N E 183RD ST  
# 603  
AVENTURA, FL 33160

**Current Mailing Address:**

3201 N E 183RD ST  
# 603  
AVENTURA, FL 33160

**FEI Number:** 80-0394885

**Certificate of Status Desired:** No

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

LASH, IREM  
3201 N E 183RD ST  
# 603  
AVENTURA, FL 33160 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 LASH, IREM  
Address 3201 N E 183RD ST #603  
City-State-Zip: AVENTURA FL 33160

*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:** IREM W LASH

**MGR**

**02/10/2024**

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

\_\_\_\_\_  
Date