

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005572

**Entity Name:** 700 BISCAYNE, LLC

**Current Principal Place of Business:**

18851 NE 29TH AVE  
SUITE 1011-B  
AVENTURA, FL 33180

**Current Mailing Address:**

P O BOX 611510  
NORTH MIAMI, FL 33261-1510 US

**FEI Number:** 27-1839011

**Certificate of Status Desired:** No

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

SIRULNIK, ALEX D PA  
2199 PONCE DE LEON BLVD  
SUITE 301  
CORAL GABLES, FL 33134 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:** ALEX D SIRULNIK PA

04/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                   |                 |                                   |
|-----------------|-----------------------------------|-----------------|-----------------------------------|
| Title           | MGR                               | Title           | MGR                               |
| Name            | GROSSKOPF, MANUEL                 | Name            | FISCHER, WALTER                   |
| Address         | 18851 NE 29TH AVE<br>SUITE 1011-B | Address         | 18851 NE 29TH AVE<br>SUITE 1011-B |
| City-State-Zip: | AVENTURA FL 33180                 | City-State-Zip: | AVENTURA FL 33180                 |

*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:** GROSSKOPF MANUEL

MGR

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date