

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000140044

**Entity Name:** 6201 NW 23RD, LLC**Current Principal Place of Business:**6201 NW 23RD DRIVE  
BOCA RATON, FL 33434**Current Mailing Address:**6201 NW 23RD DRIVE  
BOCA RATON, FL 33434**FEI Number:** 45-4295006**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRASKER, PAUL A  
1615 FORUM PLACE  
5TH FLOOR  
WEST PALM BEACH, FL 33401 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:** PAUL A. KRASKER

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                           |                 |                           |
|-----------------|---------------------------|-----------------|---------------------------|
| Title           | MGR                       | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | GEIB, JUDI                | Name            | POOLE, VIORICA            |
| Address         | 6201 NW 23RD DRIVE        | Address         | 6201 NW 23RD DRIVE        |
| City-State-Zip: | BOCA RATON FL 33434       | City-State-Zip: | BOCA RATON FL 33434       |
|                 |                           |                 |                           |
| Title           | AUTHORIZED REPRESENTATIVE |                 |                           |
| Name            | POOLE, RONALD             |                 |                           |
| Address         | 6201 NW 23RD DRIVE        |                 |                           |
| City-State-Zip: | BOCA RATON FL 33434       |                 |                           |

*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:** RONALD POOLE**MANAGER**

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date