

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000023083

**Entity Name:** 12550 BISCAYNE SUITE 604, LLC

**Current Principal Place of Business:**

12550 BISCAYNE BOULEVARD  
SUITE 604  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12550 BISCAYNE BOULEVARD  
SUITE 604  
NORTH MIAMI, FL 33181

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LEVIN, DORA  
12550 BISCAYNE BOULEVARD  
SUITE 604  
NORTH MIAMI, FL 33181 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 MGR  
Name LEVIN, DORA  
Address 12550 BISCAYNE BOULEVARD SUITE  
604  
City-State-Zip: NORTH MIAMI FL 33181

*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:** DORA LEVIN

MGR

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date