

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000026327

**Entity Name:** THE ATRIUM PROFESSIONAL PLAZA, LLC

**Current Principal Place of Business:**

1380 NE MIAMI GARDENS DRIVE  
125  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1380 NE MIAMI GARDENS DRIVE  
125  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 45-4614844

**Certificate of Status Desired:** No

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

KAHN, HOWARD NESQ.  
1815 GRIFFIN ROAD  
207  
DANIA, FL 33004 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 FRAYND, GERMAN MD  
Address 1380 NE MIAMI GARDEN DRIVE  
SUITE 125  
City-State-Zip: MIAMI FL 33179

Title MGR  
Name OKSEMBERG, JOSEPH J  
Address 1380 NE MIAMI GARDEN DRIVE  
SUITE 125 125  
City-State-Zip: MIAMI FL 33179

Title MANAGER  
Name FRAYND, PAUL  
Address 1380 NE MIAMI GARDENS DRIVE  
125  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MANAGER  
Name FRAYND, ALAN  
Address 1380 NE MIAMI GARDENS DRIVE  
125  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MANAGER  
Name FRAYND, YAEL  
Address 1380 NE MIAMI GARDENS DRIVE  
125  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** GERMAN FRAYND

MGRM

03/01/2024

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

\_\_\_\_\_  
Date