

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000175241

**Entity Name:** 1519 NW 8 AVE, LLC

**Current Principal Place of Business:**

17350 NE 12 CT  
MIAMI, FL 33162

**Current Mailing Address:**

17350 NE 12 CT  
MIAMI, FL 33162 US

**FEI Number:** 47-2362552

**Certificate of Status Desired:** No

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

CASPER, SHMUEL  
17350 NE 12 CT  
MIAMI, FL 33162 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            AUTHORIZED MEMBER  
Name            CASPER, SHMUEL  
Address        17350 NE 12 CT  
City-State-Zip: MIAMI FL 33162

*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:** SHMUEL CASPER

**AUTHORIZED MEMBER**

**04/18/2024**

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

\_\_\_\_\_  
Date