

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000184514

**Entity Name:** 519 SW 27TH AVENUE, LLC

**Current Principal Place of Business:**

450 ALTON ROAD  
APT 1502  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

450 ALTON ROAD  
APT. 1502  
MIAMI BEACH, FL 33139 US

**FEI Number:** 47-5474852

**Certificate of Status Desired:** No

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

ADELSON, HARVEY JEROME  
450 ALTON RD  
APT 1502  
FORT LAUDERDALE, FL 33139 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:** HARVEY J ADELSON

04/01/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER  
Name ADELSON, HARVEY JEROME DR.  
Address 450 ALTON ROAD  
APT. 1502  
City-State-Zip: MIAMI BEACH FL 33139

Title MANAGER  
Name ADELSON, CHARLES JAY DR.  
Address 450 ALTON ROAD  
APT. 1502  
City-State-Zip: MIAMI BEACH FL 33139

*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:** HARVEY JEROME ADELSON,DR

OWNER

04/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date