

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000146079

**Entity Name:** 734 16TH AVE LLC

**Current Principal Place of Business:**

15208 GULF BLVD  
UNIT 207  
MADEIRA BEACH, FL 33708

**Current Mailing Address:**

15208 GULF BLVD  
UNIT 207  
MADEIRA BEACH, FL 33708 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SHAPIRO, GAIL  
15208 GULF BLVD  
UNIT 207  
MADEIRA BEACH, FL 33708 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 SHAPIRO, GAIL  
Address 15208 GULF BLVD  
UNIT 207  
City-State-Zip: MADEIRA BEACH FL 33708

Title MANAGER  
Name SHAPIRO, MICHAEL  
Address 15208 GULF BLVD  
UNIT 207  
City-State-Zip: MADEIRA BEACH FL 33708

*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:** GAIL SHAPIRO

**MANAGER**

**01/28/2023**

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

\_\_\_\_\_  
Date