

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000120411

**Entity Name:** 336 NW 12 AVE, LLC

**Current Principal Place of Business:**

300 S PINE ISLAND ROAD  
SUITE 265  
PLANTATION, FL 33324

**Current Mailing Address:**

C/O DONNA ASTAPHAN 300 S PINE ISLAND ROAD  
SUITE 265  
PLANTATION, FL 33324

**FEI Number:** 82-2002477

**Certificate of Status Desired:** No

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

ASTAPHAN, DONNA  
300 S PINE ISLAND ROAD  
SUITE 265  
PLANTATION, FL 33324 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 MUSED, ABDULSALEM  
Address 1580 E 45 STREET  
City-State-Zip: BROOKLYN NY 11234

*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:** ABDULSALEM MUSED

**MANAGER**

**03/20/2018**

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

\_\_\_\_\_  
Date