

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000162039

Entity Name: 1483 NW 58 STREET, LLC

Current Principal Place of Business:

12206 CLEGHORN RD
C/O GLOBAL ASSET PROPERTY ADVISORS, INC.
COCKEYSVILLE, MD 21030

Current Mailing Address:

12206 CLEGHORN RD
C/O GLOBAL ASSET PROPERTY ADVISORS, INC.
COCKEYSVILLE, MD 21030 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AURELIEN, SOLANGE
1355 NW 113 TERRACE
MIAMI, FL 33167 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 GLOBAL ASSET PROPERTY ADVISORS, INC.
Address 12206 CLEGHORN RD
City-State-Zip: COCKEYSVILLE MD 21030

Title AR
Name AURELIEN, GUETER
Address 12206 CLEGHORN RD
City-State-Zip: COCKEYSVILLE MD 21030

Title AR
Name AURELIEN, SOLANGE
Address 1355 NW 113 TERRACE
City-State-Zip: MIAMI FL 33167

Title AR
Name RHODEN, FREDDIE
Address 12206 CLEGHORN RD
City-State-Zip: COCKEYSVILLE MD 21030

Title AUTHORIZED REPRESENTATIVE
Name AURELIEN, ANDRE
Address 1355 NW 113 TERRACE
City-State-Zip: MIAMI FL 33167

Title MANAGER
Name WRIGHT, SOLANGE
Address 12206 CLEGHORN ROAD
City-State-Zip: COCKEYSVILLE MD 21030

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: GUETER AURELIEN

MANAGER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date