

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000018835

**Entity Name:** MCA 504S, LLC

**Current Principal Place of Business:**

5201 NW 77 AVE #400  
MIAMI, FL 33166

**Current Mailing Address:**

5201 NW 77 AVE #400  
MIAMI, FL 33166 US

**FEI Number:** 82-4192617

**Certificate of Status Desired:** No

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

ALCALY, MAX  
5201 NW 77TH AVE #400  
MIAMI, FL 33166 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	Title	AUTHORIZED MEMBER
Name	ALCALAY, MAX	Name	CAMHI, ALBERTO
Address	5201 NW 77 AVE #400	Address	5201 NW 77 AVE #400
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

*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:** MAX ALCALAY

MEMBER

04/27/2023

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

\_\_\_\_\_ Date