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: GRISEL MAC WILLIAMS	MGR	03/26/2024	

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent City-State-Zip: HIALEAH FL 33013 City-State-Zip: HIALEAH FL 33013

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.

	Electionic dignature of Registered Agent		
Authorized	Person(s) Detail :		
Title	AP	Title	AP
Name	MAC WILLIAMS, GRISEL	Name	DIAZ, MICHEL
Address	810 E 39TH PL	Address	810 E 39TH PL

SIGNATURE: GRISEL MAC WILLIAMS

Name and Address of Current Registered Agent: MAC WILLIAMS, GRISEL 810 EAST 39TH PLACE

HIALEAH, FL 33013 US

Current Mailing Address: 810 E 39TH PL HIALEAH, FL 33013 UN

16699 COLLINS AVE

3809

FEI Number: NOT APPLICABLE

SUNNY ISLES BEACH, FL 33160

Entity Name: 16699 COLLINS AVE LLC

Current Principal Place of Business:

DOCUMENT# L18000144507

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 26, 2024 Secretary of State 4650332981CC

03/26/2024 Date

FILED

Certificate of Status Desired: No

Date