

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000145137

**Entity Name:** ROSA 55 MORNINGSIDE LLC

**Current Principal Place of Business:**

1835 NE MIAMI GARDENS DR STE 415  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1835 NE MIAMI GARDENS DR STE 415  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 83-0913773

**Certificate of Status Desired:** No

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

CHOCRON, SADIA  
1835 NE MIAMI GARDENS DR STE 415  
N MIAMI BEACH, FL 33179 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 AGATHAIL BISCAYNE BLVD LLC  
Address 17201 COLLINS AVE STE 2808  
City-State-Zip: SUNNY ISLES FL 33160

Title MGR  
Name ELESA 18 BISCAYNE BLVD LLC  
Address 1835 NE MIAMI GARDENS DR STE 415  
City-State-Zip: N MIAMI BEACH FL 33179

*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:** SADIA CHOCRON

**MNGR**

**04/24/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date