

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000116156

Entity Name: 246 WEST 38 HOLDINGS, LLC

Current Principal Place of Business:

10800 BISCAYNE BLVD.
SUITE 400
MIAMI, FL 33161

Current Mailing Address:

10800 BISCAYNE BLVD.
SUITE 400
MIAMI, FL 33161 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUT, STEVEN
10800 BISCAYNE BLVD.
SUITE 400
MIAMI, FL 33161 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: STEVEN GUT

01/27/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name RALPH GUT TRUST FBO STEVEN GUT
Address 10800 BISCAYNE BLVD.
STE 400
City-State-Zip: MIAMI FL 33161

Title AMBR
Name MARY GUT TRUST FBO STEVEN GUT
Address 10800 BISCAYNE BLVD.
SUITE 400
City-State-Zip: MIAMI FL 33161

Title AMBR
Name RALPH GUT TRUST FBO JEFFREY
GUT
Address 10800 BISCAYNE BLVD.
SUITE 400
City-State-Zip: MIAMI FL 33161

Title AMBR
Name MARY GUT TRUST FBO JEFFREY GUT
Address 10800 BISCAYNE BLVD.
SUITE 400
City-State-Zip: MIAMI FL 33161

Title AMBR
Name RALPH GUT TRUST FBO MICHELLE
GUT LOBEL
Address 10800 BISCAYNE BLVD.
SUITE 400
City-State-Zip: MIAMI FL 33161

Title AMBR
Name MARY GUT TRUST FBO MICHELLE
GUT LOBEL
Address 10800 BISCAYNE BLVD.
SUITE 400
City-State-Zip: MIAMI FL 33161

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: STEVEN GUT

MANAGER MEMBER

01/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date