

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000135246

**Entity Name:** 1650 CENTRAL AVE QOF, LLC

**Current Principal Place of Business:**

13700 58TH ST N  
STE 206  
CLEARWATER, FL 33760

**Current Mailing Address:**

PO BOX 4189  
CLEARWATER, FL 33758 US

**FEI Number:** 84-2067405

**Certificate of Status Desired:** No

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

BRETT HENDEE, P.A.  
1700 S MACDILL AVE STE 200  
TAMPA, FL 33629 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           MANAGER  
Name            MENNA, ANTHONY  
Address         PO BOX 4189  
City-State-Zip: CLEARWATER FL 33758

*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:** ANTHONY MENNA

**MANAGER**

**02/26/2024**

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

\_\_\_\_\_  
Date