

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000142424

**Entity Name:** 6813 MIRACLES LLC

**Current Principal Place of Business:**

180 SYLVAN AVE., STE. 4  
ENGELWOOD CLIFFS, FL 07632

**Current Mailing Address:**

180 SYLVAN AVE., STE. 4  
ENGELWOOD CLIFFS, NJ 07632 US

**FEI Number:** 84-2003018

**Certificate of Status Desired:** No

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

INTERSTATE AGENT SERVICES, LLC  
100 SE 2ND STREET  
SUITE #209  
MIAMI, FL 33131 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           HOUSE OF MIRACLES INC  
Address        180 SYLVAN AVE., STE. 4  
City-State-Zip: ENGELWOOD CLIFFS NJ 07632

*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:** MARK FRIEDMAN

**OFFICER**

**02/09/2024**

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

\_\_\_\_\_  
Date