

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000194572

**Entity Name:** 50 52 NE 187 LLC

**Current Principal Place of Business:**

3305 SW 114TH CT  
MIAMI, FL 33165

**Current Mailing Address:**

902 HEWLETT DRIVE  
VALLEY STREAM, NY 11581

**FEI Number:** 84-2664001

**Certificate of Status Desired:** No

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

LIGONDE, JEAN-MARIE H  
3305 SW 114TH CT  
MIAMI, FL 33165 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 REVEIL, CARMEL H  
Address 902 HEWLETT DRIVE  
City-State-Zip: VALLEY STREAM NY 11581

*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:** CARMEL H REVEIL

MEMBER

03/12/2021

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

\_\_\_\_\_ Date