

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000188343

**Entity Name:** 645 NW 1 LLC

**Current Principal Place of Business:**

6545 SW 129TH TERRACE  
PINECREST, FL 33156

**Current Mailing Address:**

6545 SW 129TH TERRACE  
PINECREST, FL 33156 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GANNON, PATRICK F  
6545 SW 129TH TERRACE  
MIAMI, FL 33133 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	Title	MGR
Name	GANNON, PATRICK F	Name	BACHER, DAVID J
Address	6545 SW 129TH TERRACE	Address	8400 SW 106TH STREET
City-State-Zip:	PINECREST FL 33156	City-State-Zip:	MIAMI FL 33156

*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:** PATRICK GANNON

MGR

03/22/2023

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

\_\_\_\_\_  
Date