

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000026385

**Entity Name:** MARCI DECLARIS LLC

**Current Principal Place of Business:**

50 SOUTH POINTE DRIVE  
1105  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

50 SOUTH POINTE DRIVE  
1105  
MIAMI BEACH, FL 33139

**FEI Number:** 86-1877113

**Certificate of Status Desired:** No

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

DINNALL FYNE & COMPANY INC  
1515 N UNIVERSITY DR  
114  
CORAL SPRINGS, FL 33071 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 DECLARIS, MARCI  
Address 50 SOUTH POINTE DRIVE, APT 1105  
City-State-Zip: MIAMI BEACH FL 33139

*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:** MARCI DECLARIS

**OWNER**

**01/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date