

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000074335

**Entity Name:** 447 NW 73 AVE LLC

**Current Principal Place of Business:**

PO BOX 565805  
MIAMI, FL 33256-5805

**Current Mailing Address:**

447 NW 73 AVE LLC  
PLANTATION, FL 33317 US

**FEI Number:** 86-2165969

**Certificate of Status Desired:** No

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

YELIN, ANETTE  
1 ALHAMBRA PLAZA, SUITE 1410  
CORAL GABLES, FL 33134 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 CLAYTON, PETER  
Address 7867 N KENDALL DRIVE SUITE 130  
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:** PETER CLAYTON

**DIRECTOR**

**02/23/2023**

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

\_\_\_\_\_  
Date