

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000388290

**Entity Name:** 5901 28TH STREET TRIPLEX LLC

**Current Principal Place of Business:**

13309 LEWIS GALLAGHER RD  
DOVER, FL 33527

**Current Mailing Address:**

13309 LEWIS GALLAGHER RD  
DOVER, FL 33527 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MOSQUERA FERNANDEZ, DANIEL D SR  
13309 LEWIS GALLAGHER RD  
DOVER, FL 33527 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 MOSQUERA FERNANDEZ, DANIEL D SR  
Address 13309 LEWIS GALLAGHER RD  
City-State-Zip: DOVER FL 33527

Title AP  
Name MOSQUERA FERNANDEZ, DANIEL D SR  
Address 13309 LEWIS GALLAGHER RD  
City-State-Zip: DOVER FL 33527

*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:** DANIEL MOSQUERA FERNANDEZ

**MANAGER**

**04/29/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date