

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000458038

**Entity Name:** 1341 FUNSTON ST LLC

**Current Principal Place of Business:**

200 SUNNY ISLES BLVD  
2-1105  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

200 SUNNY ISLES BLVD  
2-1105  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 87-3212151

**Certificate of Status Desired:** No

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

SKORY, DARIA  
200 SUNNY ISLES BLVD  
2-1105  
SUNNY ISLES BEACH, FL 33160 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 AMBR  
Name SKORY, DARIA  
Address 200 SUNNY ISLES BLVD, 2-1105  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR  
Name SKORY, ALEXANDR  
Address 200 SUNNY ISLES BLVD, 2-1105  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR  
Name SKORYY, GENNADIY  
Address 5795 HYLAN BLVD  
City-State-Zip: STATEN ISLAND NY 10309

Title AMBR  
Name POLYAK, LILIYA  
Address 5795 HYLAN BLVD  
City-State-Zip: STATEN ISLAND NY 10309

*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:** SKORY DARIA

AMBR

01/26/2022

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

\_\_\_\_\_  
Date