

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000458749

**Entity Name:** 515 NW 43 PL LLC

**Current Principal Place of Business:**

1135 NW 126TH CT  
MIAMI, FL 33182

**Current Mailing Address:**

1135 NW 126TH CT  
MIAMI, FL 33182 US

**FEI Number:** 87-3245431

**Certificate of Status Desired:** Yes

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

MAX FINANCIAL  
150 SE 2ND AVE  
SUITE 205  
MIAMI, FL 33131 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	Title	AMBR
Name	MORALES, LUIS	Name	MORALES, CESAR
Address	1135 NW 126TH CT	Address	1135 NW 126TH CT
City-State-Zip:	MIAMI FL 33182	City-State-Zip:	MIAMI FL 33182

*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:** LUIS MORALES

AMBR

03/06/2023

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

\_\_\_\_\_  
Date