

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000059635

**Entity Name:** 419 SW 5TH ST LLC

**Current Principal Place of Business:**

901 SW 8TH AVENUE  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

901 SW 8TH AVENUE  
FORT LAUDERDALE, FL 33315 US

**FEI Number:** 88-1216315

**Certificate of Status Desired:** No

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

LEWIN, MICHAEL  
901 SW 8TH AVENUE  
FORT LAUDERDALE, FL 33315 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            OLDTOWN CAPITAL PARTNERS LLC  
Address        35 E DIVISION ST, #3A  
City-State-Zip: CHICAGO IL 60610

Title            AMBR  
Name            LEWIN, MICHAEL  
Address        901 SW 8TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33315

*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:** OLDTOWN CAPITAL PARTNERS LLC

**MANAGER**

**02/22/2023**

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

\_\_\_\_\_  
Date