

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000213637

**Entity Name:** MND 161, LLC.

**Current Principal Place of Business:**

2750 NE 185TH STREET  
SUITE 301  
AVENTURA, FL 33180

**Current Mailing Address:**

2750 NE 185TH STREET  
SUITE 301  
AVENTURA, FL 33180

**FEI Number:** 88-2427211

**Certificate of Status Desired:** No

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

COHEN, GARY  
2750 NE 185TH STREET  
SUITE 201  
AVENTURA, FL 33180 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 COHEN, GARY  
Address 2750 NE 185TH STREET, SUITE 301  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name MORRELL, LAUREN B  
Address 2750 NE 185TH STREET, SUITE 301  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name COHEN, ADAM E  
Address 2750 NE 185TH STREET, SUITE 301  
City-State-Zip: AVENTURA FL 33180

*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:** GARY COHEN

MGR

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date