

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000329817

**Entity Name:** 545 WEST EUCLID AVENUE, LLC

**Current Principal Place of Business:**

851 NE 1ST AVENUE, SUITE 701  
MIAMI, FL 33132

**Current Mailing Address:**

851 NE 1ST AVENUE, SUITE 701  
MIAMI, FL 33132 US

**FEI Number:** 88-3573799

**Certificate of Status Desired:** Yes

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

PARACORP INCORPORATED  
155 OFFICE PLAZA DR. 1ST FLR  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           FUNK, KENNETH  
Address        851 NE 1ST AVENUE, SUITE 701  
City-State-Zip: MIAMI FL 33132

*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:** KENNETH FUNK

MANAGER

02/14/2023

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

\_\_\_\_\_ Date