

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000345750

**Entity Name:** SN 1589, LLC

**Current Principal Place of Business:**

2571 NE OCEAN BOULEVARD  
105  
STUART, FL 34996

**Current Mailing Address:**

2571 NE OCEAN BOULEVARD  
105  
STUART, FL 34996

**FEI Number:** 88-3579404

**Certificate of Status Desired:** No

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

WOLF ACCOUNTING & TAX SERVICES, INC.  
759 SW FEDERAL HIGHWAY  
SUITE 218A  
STUART, FL 34994 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	MATOS, MARTHA	Name	MATOS, DOMINGOS
Address	2571 NE OCEAN BOULEVARD #105	Address	2571 NE OCEAN BOULEVARD #105
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996

*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:** MARTHA MATOS

AMBR

07/13/2023

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

\_\_\_\_\_  
Date