

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000496017

**Entity Name:** 16609 PARKER RIVER ST. WIMAUMA, FL. 33598

**Current Principal Place of Business:**

16609 PARKER RIVER ST.  
WIMAUMA, FL 33598

**Current Mailing Address:**

17435 NE 12TH AVE  
NMB, FL 33162

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GLIXMAN, DEVORAH  
17435 NE 12TH AVE  
NMB, FL 33162 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 BERGER, YOSEF Y  
Address 17435 NE 12TH AVE  
City-State-Zip: NMB FL 33162

*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:** YOSEF BERGER

04/27/2023

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

\_\_\_\_\_ Date