

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000221763

**Entity Name:** 200 NW 137 AVE 23440 LLC

**Current Principal Place of Business:**

10773 NW 58 ST  
SUITE 341  
DORAL, FL 33178

**Current Mailing Address:**

10773 NW 58 ST  
SUITE 341  
DORAL, FL 33178 US

**FEI Number:** 61-2095314

**Certificate of Status Desired:** No

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

AJAJ, ANTONIO  
10773 NW 58 ST  
SUITE 341  
DORAL, FL 33178 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 200 NW 137 AVE, LLC  
Address 10773 NW 58 ST  
SUITE 341  
City-State-Zip: DORAL FL 33178

Title MGR  
Name AJAJ, ANTONIO  
Address 10773 NW 58 ST  
SUITE 341  
City-State-Zip: DORAL FL 33178

Title MGR  
Name AJAJ, PEDRO  
Address 10773 NW 58 ST  
SUITE 341  
City-State-Zip: DORAL FL 33178

Title MGR  
Name AJAJ, JORGE  
Address 10773 NW 58 ST  
SUITE 341  
City-State-Zip: DORAL FL 33178

*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:** AJAJ BACHOUR ANTONIO

**MGR**

**04/29/2025**

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

\_\_\_\_\_  
Date