

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000233532

**Entity Name:** 1201 S. OCEAN DRIVE UNIT 319-N, LLC

**Current Principal Place of Business:**

1201 S OCEAN DRIVE  
#319-N  
HOLLYWOOD, FL 33009

**FILED**  
**Feb 28, 2024**  
**Secretary of State**  
**3708186050CC**

**Current Mailing Address:**

300 THREE ISLANDS BLVD  
#PH5A  
HALLANDALE BEACH, FL 33009 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

BARRY M. LEFF PA  
1005 KANE CONCOURSE  
SUITE 203  
BAY HARBOR ISLANDS, FL 33154 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 UMBRASAITE, NERINGA TRUSTEE  
Address 300 THREE ISLANDS BLVD #PH5A  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name VISCITO, GIUSEPPE TRUSTEE  
Address 300 THREE ISLANDS BLVD #PH5A  
City-State-Zip: HALLANDALE BEACH FL 33009

*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: NERINGA UMBRASAITE**

**MGR**

**02/28/2024**

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

\_\_\_\_\_  
Date