

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000003394

Entity Name: NW 29TH STREET LLC

Current Principal Place of Business:

26 WEST 17TH STREET SUITE 801
NEW YORK, NY 10011

Current Mailing Address:

26 WEST 17TH STREET SUITE 801
NEW YORK, NY 10011 US

FEI Number: 86-2843749

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 COSLOV, NICHOLAS
Address 26 WEST 17TH STREET SUITE 801
City-State-Zip: NEW YORK NY 10011

Title MEM
Name COSLOV, NICHOLAS
Address 26 WEST 17TH STREET SUITE 801
City-State-Zip: NEW YORK NY 10011

Title AR
Name COSLOV, NICHOLAS
Address 26 WEST 17TH STREET SUITE 801
City-State-Zip: NEW YORK NY 10011

Title MGR
Name GUTTMAN, STEVEN
Address 26 WEST 17TH STREET SUITE 801
City-State-Zip: NEW YORK NY 10011

Title MEM
Name GUTTMAN, STEVEN
Address 26 WEST 17TH STREET SUITE 801
City-State-Zip: NEW YORK NY 10011

Title ARM
Name GUTTMAN, STEVEN
Address 26 WEST 17TH STREET SUITE 801
City-State-Zip: NEW YORK NY 10011

Title MGR, MEM, AR
Name NOVENSTEIN, STEVEN
Address 26 WEST 17TH STREET SUITE 801
City-State-Zip: NEW YORK NY 10011

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: NICHOLAS COSLOV

MANAGING MEMBER

04/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date