

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000351670

**Entity Name:** NC DADE LLC

**Current Principal Place of Business:**

6400 NORTH ANDREWS AVE SUITE 490  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6400 NORTH ANDREWS AVE SUITE 490  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 85-3956843

**Certificate of Status Desired:** No

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

TORCHIN CPA  
980 NORTH FEDERAL HIGHWAY SUITE 406  
BOCA RATON, FL 33432 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 REDDY, ARVIND  
Address 6400 NORTH ANDREWS AVE SUITE  
490  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** ARVIND REDDY

MGR

04/27/2023

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

\_\_\_\_\_ Date