

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000068784

**Entity Name:** AB FLORIDA GROUP (WHISPERING ISLES) II, INC.**Current Principal Place of Business:**C/O IMRAN SALAHUDDIN  
ALAJLAN RESIDENCES HITTEEN STREET  
HITTEEN, RIYADH 11541**Current Mailing Address:**2 N. LASALLE ST.  
STE. 1300  
CHICAGO, IL 60602 US**FEI Number:** 37-1763679**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

Title	PRESIDENT AND DIRECTOR
Name	BIN ABDULAZIZ ALAJLAN, AJLAN
Address	C/O IMRAN SALAHUDDIN ALAJLAN RESIDENCES HITTEEN STREET
City-State-Zip:	HITTEEN RIYADH 11541

Title	DIRECTOR
Name	BIN ABDULAZIZ ALAJLAN, MOHAMMAD
Address	C/O IMRAN SALAHUDDIN ALAJLAN RESIDENCES HITTEEN STREET
City-State-Zip:	HITTEEN RIYADH 11541

Title	SECRETARY AND TREASURER
Name	SALAHUDDIN, IMRAN
Address	C/O IMRAN SALAHUDDIN ALAJLAN RESIDENCES HITTEEN STREET
City-State-Zip:	HITTEEN RIYADH 11541

Title	DIRECTOR
Name	BIN ABDULAZIZ ALAJLAN, FAHAD
Address	C/O IMRAN SALAHUDDIN ALAJLAN RESIDENCES HITTEEN STREET
City-State-Zip:	HITTEEN RITADH 11541

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IMRAN SALAHUDDIN**SECRETARY****04/24/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date