

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V34578

**Entity Name:** ATRIUM REGISTERED AGENTS, INC.

**Current Principal Place of Business:**

8950 SW 74TH CT.  
SUITE 1901  
MIAMI, FL 33156

**Current Mailing Address:**

8950 SW 74TH CT.  
SUITE 1901  
MIAMI, FL 33156 US

**FEI Number:** 65-0360003

**Certificate of Status Desired:** No

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

SHARE, LESLIE A.  
8950 SW 74TH CT.  
SUITE 1901  
MIAMI, FL 33156 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 VPSD  
Name SHARE, LESLIE A  
Address 8950 SW 74TH CT.  
SUITE 1901  
City-State-Zip: MIAMI FL 33156

Title VPD  
Name NUNEZ, JOSE L  
Address 8950 SW 74TH CT.  
SUITE 1901  
City-State-Zip: MIAMI FL 33156

Title VPD  
Name NARDI, RALPH  
Address 8950 SW 74TH CT.  
SUITE 1901  
City-State-Zip: MIAMI FL 33156

Title PD  
Name ROSENBERG, TODD  
Address 8950 SW 74TH CT.  
SUITE 1901  
City-State-Zip: MIAMI FL 33156

Title VPD  
Name TAMAYO, ALFREDO R  
Address 8950 SW 74TH CT.  
SUITE 1901  
City-State-Zip: MIAMI FL 33156

Title VPD  
Name FRIAS, FELIPE  
Address 8950 SW 74TH CT.  
SUITE 1901  
City-State-Zip: MIAMI FL 33156

Title VPD  
Name RATZAN, JACOB L  
Address 8950 SW 74TH CT.  
SUITE 1901  
City-State-Zip: MIAMI FL 33156

Title VP  
Name ERASMOUS, BARRIE L  
Address 8950 SW 74TH CT.  
SUITE 1901  
City-State-Zip: MIAMI FL 33156

*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:** SHARE , LESLIE A

VPSD

01/04/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date