## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086760

### Entity Name: AFT03, LLC

## **Current Principal Place of Business:**

8005 N.W. 90 STREET MEDLEY, FL 33166

# **Current Mailing Address:**

8005 N.W. 90 STREET **MEDLEY. FL 33166** 

# FEI Number: 26-0838074

### Name and Address of Current Registered Agent:

MARTINI, GREGORY ESQ. 2334 PONCE DE LEON BLVD 250 CORAL GABLES, FL 33134 US Certificate of Status Desired: Yes

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                     | 04/20/2021                               |                 |                     |      |  |
|-------------------------------|------------------------------------------|-----------------|---------------------|------|--|
|                               | Electronic Signature of Registered Agent |                 |                     | Date |  |
| Authorized Person(s) Detail : |                                          |                 |                     |      |  |
| Title                         | MGRM                                     | Title           | MGRM                |      |  |
| Name                          | NG, ABE                                  | Name            | NG, ALLAN           |      |  |
| Address                       | 8005 N.W. 90 STREET                      | Address         | 8005 N.W. 90 STREET |      |  |
| City-State-Zip:               | MEDLEY FL 33166                          | City-State-Zip: | MEDLEY FL 33166     |      |  |
| Title                         | MGRM                                     | Title           | MGRM                |      |  |
| Name                          | NG, BETTY                                | Name            | NG, IVA             |      |  |
| Address                       | 8005 N.W. 90 STREET                      | Address         | 8005 N.W. 90 STREET |      |  |
| City-State-Zip:               | MEDLEY FL 33166                          | City-State-Zip: | MEDLEY FL 33166     |      |  |

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: IVA NG |                                                             | MGRM | 04/20/2021 |
|-------------------|-------------------------------------------------------------|------|------------|
|                   | Electronic Signature of Signing Authorized Person(s) Detail |      | Date       |

Electronic Signature of Signing Authorized Person(s) Detail