

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000109222

Entity Name: ACFP/NYNJ VENTURES LLC**Current Principal Place of Business:**200 WEST CYPRESS CREEK ROAD
SUITE 220
FORT LAUDERDALE, FL 33309**Current Mailing Address:**200 WEST CYPRESS CREEK ROAD
SUITE 220
FORT LAUDERDALE, FL 33309 US**FEI Number:** 27-1516247**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAINES, IAN
200 WEST CYPRESS CREEK ROAD
SUITE 220
FORT LAUDERDALE, FL 33309 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:** IAN BAINES

11/16/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|--|
| Title | MANAGER AND PRESIDENT |
| Name | BAINES, IAN |
| Address | 200 WEST CYPRESS CREEK ROAD SUITE 220 |
| City-State-Zip: | FORT LAUDERDALE FL 33309 |

| | |
|-----------------|--|
| Title | TREASURER |
| Name | RENNA, PATRICK |
| Address | 200 WEST CYPRESS CREEK ROAD SUITE 220 |
| City-State-Zip: | FORT LAUDERDALE FL 33309 |

| | |
|-----------------|--|
| Title | SECRETARY |
| Name | ZAVOLTA, MICHELLE |
| Address | 200 WEST CYPRESS CREEK ROAD SUITE 220 |
| 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: PATRICK RENNA**CFO & TREASURER**

11/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date