

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000021436

Entity Name: 8030 PINES BLVD LLC**Current Principal Place of Business:**22-18 JACKSON AVE
UNIT 613
LONG ISLAND CITY, NY 11101**Current Mailing Address:**22-18 JACKSON AVE
UNIT 613
LONG ISLAND CITY, NY 11101 US**FEI Number:** 27-2303743**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 | MGR | Title | AUTHORIZED REPRESENTATIVE |
| Name | CASTELLANA, PETER | Name | CASTELLANA, ANDREW |
| Address | 433 5TH AVE FL 3 | Address | 433 5TH AVE FL 3 |
| City-State-Zip: | NEW YORK NY 10011 | City-State-Zip: | NEW YORK NY 10011 |

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: PETER CASTELLANA**MANAGER****04/28/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date