

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000028182

Entity Name: ATB PINE AVENUE II LLC**Current Principal Place of Business:**6755 WILSON ROAD
WEST PALM BEACH, FL 33413**Current Mailing Address:**PO BOX 16217
WEST PALM BEACH, FL 33416 US**FEI Number:** 27-2120648**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBIERI, ANTHONY T
6755 WILSON ROAD
WEST PALM BEACH, FL 33413 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 | BARBIERI, ANTHONY T | Name | PRUSS, VANESSA B |
| Address | PO BOX 16217 | Address | PO BOX 16217 |
| City-State-Zip: | WEST PALM BEACH FL 33416 | City-State-Zip: | WEST PALM BEACH FL 33416 |

| | |
|-----------------|--------------------------|
| Title | AMBR |
| Name | BARBIERI, SUSAN A |
| Address | PO BOX 16217 |
| City-State-Zip: | WEST PALM BEACH FL 33416 |

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: ANTHONY BARBIERI

MGR

01/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date