

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000118320

**Entity Name:** ANTHONY EZEKIAN, LLC

**Current Principal Place of Business:**

8150 W MCNAB RD  
206  
TAMARAC , FL 33321

**Current Mailing Address:**

PO BOX 291021  
DAVIE, FL 33329 US

**FEI Number:** 46-0990095

**Certificate of Status Desired:** No

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

EZEKIAN, ANTHONY HJR  
2016 SW 82 AVE  
DAVIE, FL 33324 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  
Name EZEKIAN, ANTHONY HJR  
Address 2016 SW 82 AVE  
City-State-Zip: DAVIE FL 33324

*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 EZEKIAN

MANAGER

04/12/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date