

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000062623

**Entity Name:** AFT2005 LLC

**Current Principal Place of Business:**

432 25TH STREET  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

201 W OCEAN AVENUE  
4244  
LANTANA, FL 33465 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ARSALI, NICHOLAS  
505 S ATLANTIC DR  
LANTANA, FL 33462 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:** NICHOLAS ARSALI

04/17/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                      |                 |                                    |
|-----------------|--------------------------------------|-----------------|------------------------------------|
| Title           | AUTHORIZED MEMBER                    | Title           | TRUSTEE, AUTHORIZED REPRESENTATIVE |
| Name            | ARSALI FAMILY TRUST DATED 12/13/2005 | Name            | ARSALI, NICHOLAS                   |
| Address         | 201 W OCEAN AVENUE 4244              | Address         | 201 W OCEAN AVENUE 4244            |
| City-State-Zip: | LANTANA FL 33465                     | City-State-Zip: | LANTANA FL 33465                   |

*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:** NICHOLAS ARSALI

**AUTHORIZED AGENT**

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date