

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000036625

Entity Name: THIRD ROW CENTER SINGERS, LLC**Current Principal Place of Business:**139 SANTA MONICA AVE
ROYAL PALM BEACH, FL 33411**Current Mailing Address:**139 SANTA MONICA AVE
ROYAL PALM BEACH, FL 33411 US**FEI Number:** 46-5073016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THIRD ROW CENTER SINGERS, LLC
139 SANTA MONICA AVE
ROYAL PALM BEACH, FL 33411 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:** ERNEST C CAMERINO

01/04/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name GREGGS, DORIS J
Address 210 LAKE SUSAN LANE
City-State-Zip: WEST PALM BEACH FL 33411

Title AMBR
Name DESANTI, MICHELLE
Address 201 MONTEREY WAY
City-State-Zip: ROYAL PALM BEACH FL 33411

Title AMBR
Name CAMERINO, ERNEST
Address 139 SANTA MONICA AVE
City-State-Zip: ROYAL PALM BEACH FL 33411

Title AMBR
Name HARABIN, MICHAEL
Address 30 CAMDEN B
City-State-Zip: WEST PALM BEACH FL 33417

Title AMBR
Name SUHRBUR, JOSEPH
Address 7056 BURGESS DRIVE
City-State-Zip: GREENACRES FL 33467

Title AMBR
Name GARBO, IRENE
Address 3941 BACK BAY DRIVE
226
City-State-Zip: JUPITER FL 33477

Title AMBR
Name GROSSMAN, LAURIE
Address 1577 LAKE BREEZE DR.
City-State-Zip: WELLINGTON FL 33414

Title AMBR
Name HOEFERT, JENNA ANN
Address 255 RIDGE RD
City-State-Zip: JUPITER FL 33477

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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: ERNEST CAMERINO

01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

| | |
|-----------------|--------------------------|
| Title | AMBR |
| Name | THOMAS, KAY |
| Address | 136 GOLDEN LAKES BLVD. |
| City-State-Zip: | WEST PALM BEACH FL 33411 |