nereby 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						
ath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowere	1 to execute this report as required by Chapter 605, 1	Florida Statutes; and				
at my name appears above, or on an attachment with all other like empowered.						
SIGNATURE: TRACI L. AMBROSINO	MANAGER	01/21/2022				

SIGNATURE: TRACI L. AMBROSINO

l he oatl that

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

AMBROSINO, TRACI L. 4280 PROFESSIONAL CENTER DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410 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	TRACI L. AMBROSINO		01	01/21/2022		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	MGR	Title	MGR			
Name	AMBROSINO, TRACI L	Name	EFRON, NEIL C			
Address	4280 PROFESSIONAL CENTER DRIVE, SUITE 100	Address	4280 PROFESSIONAL CENTER DF SUITE 100	RIVE,		
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 3341	0		

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000055760

Entity Name: 2640 WEST INTERSTATE 20 GRAND PRAIRIE TX, LLC

### **Current Principal Place of Business:**

4280 PROFESSIONAL CENTER DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410

### **Current Mailing Address:**

4280 PROFESSIONAL CENTER DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410

## FEI Number: 46-5339525

Date

FILED Jan 21, 2022 Secretary of State 3285835655CC

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail