	ing Address.			
161 BROOK WARSAW, I	LYN ST NY 14569-1413 US			
FEI Number: 47-2129293		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
KUMAR OHRI, 3703 S. ATLAN DAYTONA BEA				
The above named	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flor	ida.
	l entity submits this statement for the purpose of changing its regi TARUN KUMAR OHRI	stered office or regis	tered agent, or both, in the State of Flor	^{ida.} 03/16/2020
		stered office or regis	tered agent, or both, in the State of Flor.	
SIGNATURE	TARUN KUMAR OHRI	stered office or regis	tered agent, or both, in the State of Flor.	03/16/2020
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flor	03/16/2020
SIGNATURE	TARUN KUMAR OHRI Electronic Signature of Registered Agent Person(s) Detail :			03/16/2020
SIGNATURE Authorized	TARUN KUMAR OHRI Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title	MGRM	03/16/2020
SIGNATURE Authorized Title Name	TARUN KUMAR OHRI Electronic Signature of Registered Agent Person(s) Detail : MGRM TARUN KUMAR OHRI 161 BROOKLYN ST	Title Name	MGRM RAJENDRA MOHAN AGARWAL	03/16/2020

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000176459

Entity Name: 2721 SOUTH ATLANTIC AVENUE, LLC

Current Principal Place of Business:

2721 S. ATLANTIC AVENUE DAYTONA BEACH SHORES. FL 32118

Current Mailing Address:

F

N

VIPIN OHRI

161 BROOKLYN ST

WARSAW NY 14569-1413

Name

Address

City-State-Zip:

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.

Name

Address

City-State-Zip:

RAJA KOLISETTI

27 EDGEWOOD DR

BATAVIA NY 14020-3906

SIGNATURE: TARUN KUMAR OHRI

MEMBER

03/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 16, 2020 Secretary of State 1045321204CC

Date