

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000125703

Entity Name: OPEN SEAS 5201 LLC**Current Principal Place of Business:**2330 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**Current Mailing Address:**2330 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**FEI Number:** 81-3179387**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WORLDWIDE CORPORATE ADMINISTRATORS LLC
2330 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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:** JOHN NILBRINK

02/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|--------------------------|
| Title | MGR |
| Name | DERK, MICHAEL |
| Address | 300 S BISCAYNE BLVD 3702 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|--------------------------|
| Title | MGR |
| Name | NILBRINK, JOHN |
| Address | 300 S BISCAYNE BLVD 3702 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|-------------------------------|
| Title | MBR |
| Name | MICHAEL DERK AB |
| Address | KVARNSKISTIGUEN 2 SE - 139 71 |
| City-State-Zip: | STAVSNAS, SWEDEN AL |

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: JOHN NILBRINK

MGR

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date