

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000205831

Entity Name: 3051 AARON BURR AVENUE LLC

Current Principal Place of Business:

5390 BAY SIDE DRIVE
ORLANDO, FL 32819

Current Mailing Address:

5390 BAY SIDE DRIVE
ORLANDO, FL 32819 UN

FEI Number: 81-4387924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAKHUJA, ANKUR
5390 BAY SIDE DRIVE
ORLANDO, FL 32819 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---------------------|-----------------|---------------------|
| Title | AMBR | Title | AMBR |
| Name | SAKHUJA, ANKUR | Name | SAKHUJA, SHEETAL |
| Address | 5390 BAY SIDE DRIVE | Address | 5390 BAY SIDE DRIVE |
| City-State-Zip: | ORLANDO FL 32819 | City-State-Zip: | ORLANDO FL 32819 |
| | | | |
| Title | AMBR | | |
| Name | SAKHUJA, SAMEER | | |
| Address | 5390 BAY SIDE DRIVE | | |
| City-State-Zip: | ORLANDO FL 32819 | | |

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: ANKURSAKHUJA

MANAGING MEMBER

02/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date