

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000205869

**FILED**  
**Jan 24, 2017**  
**Secretary of State**  
**CC0271443358**

**Entity Name:** 1972 LAKE ATRIUMS CIRCLE 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:** 81-4387853

**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:** ANKUR SAKHUJA

**MANAGING MEMBER**

**01/24/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date