

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000215959

**Entity Name:** ARTLANTIC LLC

**Current Principal Place of Business:**

632 E RED HOUSE BRANCH  
ROAD  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

632 E RED HOUSE BRANCH RD.  
ST.AUGUSTINE, FL 32084 US

**FEI Number:** 81-4634782

**Certificate of Status Desired:** No

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

PEKER, MUZAFFER  
632 E RED HOUSE BRANCH  
ROAD  
ST AUGUSTINE, FL 32084 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 MGR, AUTHORIZED MEMBER,  
OWNER  
Name PEKER, MUZAFFER  
Address 632 E RED HOUSE BRANCH  
ROAD  
City-State-Zip: ST AUGUSTINE FL 32084

Title MGR, OWNER  
Name PEKER, MUZEYYEN  
Address 632 E RED HOUSE BRANCH  
ROAD  
City-State-Zip: ST AUGUSTINE FL 32084

Title AUTHORIZED REPRESENTATIVE  
Name PEKER, ALPEREN  
Address 632 E RED HOUSE BRANCH RD.  
City-State-Zip: ST.AUGUSTINE FL 32084

Title AUTHORIZED REPRESENTATIVE  
Name KEYNES, DAVID  
Address 632 E RED HOUSE BRANCH RD.  
City-State-Zip: ST.AUGUSTINE FL 32084

*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:** DAVID KEYNES

**BOOKKEEPER**

**06/30/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date