

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000135071

**Entity Name:** ATS BUSINESS LLC

**Current Principal Place of Business:**

7700 N KENDALL DR  
STE 405  
MIAMI, FL 33156

**Current Mailing Address:**

7700 N KENDALL DR  
STE 405  
MIAMI, FL 33156 US

**FEI Number:** 82-2018805

**Certificate of Status Desired:** No

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

ZORDAN, ERLANDE  
280 SW 20TH RD STE 605  
MIAMI, FL 33129 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:** ZORDAN , ERLANDE

05/13/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |                 |                              |
|-----------------|------------------------------|-----------------|------------------------------|
| Title           | DMC                          | Title           | DMC                          |
| Name            | ZORDAN, ERLANDE              | Name            | MENKAITIS ZORDAN, SOLANGE    |
| Address         | 7700 N KENDALL DR<br>STE 405 | Address         | 7700 N KENDALL DR<br>STE 405 |
| City-State-Zip: | MIAMI FL 33156               | City-State-Zip: | MIAMI FL 33156               |

*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:** ERLANDE ZORDAN

05/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date