

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000190525

**Entity Name:** 9055 NEW KINGS ROAD LLC**Current Principal Place of Business:**35 E LOOP ROAD  
STATEN ISLAND , NY 10304**Current Mailing Address:**35 E LOOP ROAD  
STATEN ISLAND , NY 10304 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VCORP AGENT SERVICES, INC.  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** VCORP COMPLIANCE

04/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | MANAGING MEMBER        |
| Name            | FRANCOLINO SR, JOSEPH  |
| Address         | 35 EAST LOOP RD.       |
| City-State-Zip: | STATEN ISLAND NY 10304 |

|                 |                        |
|-----------------|------------------------|
| Title           | GRANTOR TRUST          |
| Name            | FRANCOLINO JR., JOSEPH |
| Address         | 10 HIGHPOINT RD.       |
| City-State-Zip: | STATEN ISLAND NY 10304 |

|                 |                        |
|-----------------|------------------------|
| Title           | GRANTOR TRUST          |
| Name            | FRANCOLINO, DANIEL     |
| Address         | 35 EAST LOOP RD.       |
| City-State-Zip: | STATEN ISLAND NY 10304 |

|                 |                        |
|-----------------|------------------------|
| Title           | MANAGING MEMBER        |
| Name            | FRANCOLINO, ANNA       |
| Address         | 35 EAST LOOP RD.       |
| City-State-Zip: | STATEN ISLAND NY 10304 |

*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:** FRANCOLINO SR, JOSEPH

MANAGING MEMBER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date