

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000226732

**Entity Name:** ATMOSPHERE 55, LLC

**Current Principal Place of Business:**

555 MAIN ST.  
STE. 500  
RACINE, WI 53403

**FILED**  
**Jan 17, 2020**  
**Secretary of State**  
**6889569242CC**

**Current Mailing Address:**

555 MAIN ST.  
STE. 500  
RACINE, WI 53403 US

**FEI Number:** 82-3313623

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEMS  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AR  
Name JOHNSON KELAND MANAGEMENT, INC.  
Address 555 MAIN ST., STE. 500  
City-State-Zip: RACINE WI 53403

Title AR  
Name AKGULIAN, LISA  
Address 555 MAIN ST., STE. 500  
City-State-Zip: RACINE WI 53403

Title AR  
Name LANCASTER, JEFF  
Address 555 MAIN ST., STE. 500  
City-State-Zip: RACINE WI 53403

*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:** JOHN D. ANDREOLI, JOHNSON KELAND  
MANAGEMENT, INC.

**AUTHORIZED  
REPRESENTATIVE**

**01/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date