

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000155311

**Entity Name:** 1 FLAGLER, LLC

**Current Principal Place of Business:**

501 GOLDEN ISLES DRIVE  
SUITE 203-A  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

501 GOLDEN ISLES DRIVE  
SUITE 203-A  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 83-1037389

**Certificate of Status Desired:** No

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

ACHAR, ABRAHAM  
501 GOLDEN ISLES DRIVE  
SUITE 203-A  
HALLANDALE BEACH, FL 33009 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  
Name ACHAR, ABRAHAM  
Address 501 GOLDEN ISLES DRIVE  
SUITE 203-A  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name ACHAR, ALAN  
Address 501 GOLDEN ISLES DRIVE  
SUITE 203-A  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name ACHAR, ODETTE  
Address 501 GOLDEN ISLES DRIVE  
SUITE 203-A  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name ACHAR, VICKY  
Address 501 GOLDEN ISLES DRIVE  
SUITE 203-A  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name ACHAR, ALEJANDRO  
Address 501 GOLDEN ISLES DRIVE  
SUITE 203-A  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** ABRAHAM ACHAR

MGR

03/28/2022

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

\_\_\_\_\_  
Date