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: RICHARD T CONARD

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000255325

Entity Name: 1725 WARES OPERATOR LLC

Current Principal Place of Business:

4700 6TH STREET SOUTH ARLINGTON, VA 22204

Current Mailing Address:

4700 6TH STREET SOUTH ARLINGTON, VA 22204 US

FEI Number: 83-2648405

Name and Address of Current Registered Agent:

KERKERING, BARBERIO & CO. 1990 MAIN STREET SUITE 801 SARASOTA, FL 34236 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

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	SCHROEDER, STEVEN F	Name	CONARD, RICHARD T. DR.
Address	4700 6TH STREET SOUTH	Address	357 6TH AVENUE WEST
City-State-Zip:	ARLINGTON VA 22204	City-State-Zip:	BRADENTON FL 34205

Secretary of State 2283181957CC

Date

FILED Mar 24, 2020

Certificate of Status Desired: No

MANAGER

03/24/2020

Date