

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000262566

**FILED**  
**Aug 19, 2021**  
**Secretary of State**  
**3387416883CC**

**Entity Name:** ATS HOLY ROYAL ARCH MASONS LLC

**Current Principal Place of Business:**

1919 BEAUTIFUL AVENUE  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

1919 BEAUTIFUL AVENUE  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 83-3384678

**Certificate of Status Desired:** No

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

ALEXANDER, TERRANCE LEON  
1919 BEAUTIFUL AVE  
WEST PALM BAECH, FL 33407 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:** TERRANCE LEON ALEXANDER

08/19/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALEXANDER, TERRY  
Address 1919 BEAUTIFUL AVE  
City-State-Zip: WEST PALM BAECH FL 33407

Title AUTHORIZED MEMBER  
Name CANTON, JIMMY  
Address 85 N.W. 5TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33411

Title AUTHORIZED MEMBER  
Name GLOVER, PATRICK  
Address 85 N.W. 5TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33411

Title AUTHORIZED MEMBER  
Name MADDEN, KEN  
Address 85 N.W. 5TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33411

Title AUTHORIZED MEMBER  
Name LOCKHART, GEORGE  
Address 85 N.W. 5TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33411

Title AUTHORIZED MEMBER  
Name WIMS, WILLIAM  
Address 85 N.W. 5TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33411

*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:** TERRY ALEXANDER

**MANAGER**

08/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date