# 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: ROBERT S GOLFMAN

Electronic Signature of Signing Authorized Person(s) Detail

AMBR

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Current Principal Place of Business:

301 SOUTH LAKESIDE DRIVE APT. #3 LAKE WORTH, FL 33460

## **Current Mailing Address:**

301 SOUTH LAKESIDE DRIVE APT.#3 LAKE WORTH, FL 33460

#### FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

SABOL, CARY P ESQ. 2875 SOUTH OCEAN BLVD., SUITE 200 PALM BEACH, FL 33480 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	AMBR	Title	AMBR
Name	CHEN, SUCHEN C	Name	GOLFMAN, ROBERT S
Address	301 SOUTH LAKESIDE DRIVE, APT. #3	Address	301 SOUTH LAKESIDE DRIVE, APT. #3
City-State-Zip:	LAKE WORTH FL 33460	City-State-Zip:	LAKE WORTH FL 33460

## Certificate of Status Desired: No

02/02/2022 Date

Date

### FILED Feb 02, 2022 Secretary of State 3829080367CC