### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000233309

Entity Name: 1959 NEXT GENERATION, LLC

## **Current Principal Place of Business:**

630 3RD AVENUE 23RD FLOOR NEW YORK, NY 10017

# **Current Mailing Address:**

630 3RD AVENUE 23RD FLOOR NEW YORK, NY 10017 US

## FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

DIVERSIFIED CORPORATE SERVICES INT'L, INC. 18560 N BAY RD SUNNY ISLES BEACH, FL 33160-2439 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 :

City-State-Zip: NEW YORK NY 10017

| Title           | MGR                          | Title           | AMBR                         |
|-----------------|------------------------------|-----------------|------------------------------|
| Name            | EBRAHIMZADEH, BABAK          | Name            | MASLAVI, ABRAHAM             |
| Address         | 630 3RD AVENUE<br>23RD FLOOR | Address         | 630 3RD AVENUE<br>23RD FLOOR |
| City-State-Zip: | NEW YORK NY 10017            | City-State-Zip: | NEW YORK NY 10017            |
| Title           | AMBR                         |                 |                              |
| Name            | MASLAVI, SAUL                |                 |                              |
| Address         | 630 3RD AVENUE<br>23RD FLOOR |                 |                              |

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.

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No