

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000300839

**Entity Name:** AMERICUS REGIONAL CENTER LLC

**Current Principal Place of Business:**

13289 VIA VULCANUS  
A  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

13289 VIA VULCANUS  
A  
DELRAY BEACH, FL 33484

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WILLIAM G HICKS PA  
7208 W SAND LAKE RD  
305  
ORLANDO, FL 32819 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 MARK FASSY ROTH 401K  
Address C/O WILLIAM G HICKS PA, 7208 W SAND LAKE R  
City-State-Zip: ORLANDO FL 32819

Title MGR  
Name MAHLER, DAVID  
Address C/O WILLIAM G HICKS PA, 7208 W SAND LAKE R  
City-State-Zip: ORLANDO FL 32819

Title MGR  
Name PARRA, GILBERTO  
Address C/O WILLIAM G HICKS PA, 7208 W SAND LAKE R  
City-State-Zip: ORLANDO FL 32819

*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:** DAVID MAHLER

MGR

05/01/2021

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

\_\_\_\_\_  
Date