

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000057081

Entity Name: 5350 1207 LLC**Current Principal Place of Business:**2600 S. DOUGLAS RD, SUITE 1000
CORAL GABLES, FL 33134**Current Mailing Address:**2600 S. DOUGLAS RD, SUITE 1000
CORAL GABLES, FL 33134 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOUGLAS REGISTERED AGENTS, LLC
2600 S. DOUGLAS RD, SUITE 1000
CORAL GABLES, FL 33134 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	NIRANJAN, ARNOLD S
Address	2600 S. DOUGLAS RD, SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	TOPHA- NIRANJAN, GALE
Address	2600 S. DOUGLAS RD, SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	TOPHA- NIRANJAN, KRISTIAN A
Address	2600 S. DOUGLAS RD, SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	NIRANJAN, KEVON
Address	2600 S. DOUGLAS RD, SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	NIRANJAN, KELCEY
Address	2600 S. DOUGLAS RD, SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

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: NIRANJAN , ARNOLD S**MGR****04/26/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date