

**2022 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

04/29/2022

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

\_\_\_\_\_  
Date