

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000058136

**Entity Name:** AA OPERATOR, LLC

**Current Principal Place of Business:**

3649 NORTH OCEAN BLVD.  
GULF STREAM, FL 33483

**Current Mailing Address:**

3649 NORTH OCEAN BLVD.  
GULF STREAM, FL 33483 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AKER, LANCE M  
920 ST GEORGE BLVD  
DELRAY BEACH, FL 33483 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 AMBR  
Name KASTEN AKER, ANN  
Address 3649 NORTH OCEAN BLVD.  
City-State-Zip: GULF STREAM FL 33483

Title AMBR  
Name AKER, ALAN  
Address 3649 NORTH OCEAN BLVD.  
City-State-Zip: GULF STREAM FL 33483

*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:** ANN KASTEN AKER

AMBR

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date