

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000093795

**Entity Name:** 1275 BEACON CIRCLE, LLC

**Current Principal Place of Business:**

1300 BEACON CIRCLE  
WELLINGTON, FL 33414

**Current Mailing Address:**

11654 PLAZA AMERICA DR.  
UNIT 293  
RESTON, VA 20190

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

FELDMAN, CRAIG ESQ  
300 S PINE ISLAND RD.  
SUITE 306  
PLANTATION, FL 33324 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            SHAFI, IBN M  
Address        11654 PLAZA AMERICA DR., UNIT 293  
  
City-State-Zip: RESTON VA 20190

*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:** IBN M SHAFI

**MEMBER**

**04/05/2021**

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

\_\_\_\_\_ Date