

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000217844

**Entity Name:** ATRIUM ALF OPERATING LLC

**Current Principal Place of Business:**

475 OBERLIN AVE SOUTH  
SUITE 212  
LAKEWOOD, NJ 08701

**Current Mailing Address:**

475 OBERLIN AVE SOUTH  
SUITE 212  
LAKEWOOD, NJ 08701 US

**FEI Number:** 85-1587882

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
1200 S PINE ISLAND ROAD  
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 MGR  
Name SOFIA, LISA  
Address 8301 ROOSEVELT BLVD  
City-State-Zip: PHILADELPHIA PA 19152

*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:** LISA SOFIA

**MANAGER**

**04/20/2023**

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

\_\_\_\_\_  
Date