| | ing Address. | | |
|--|--|-----------------------------------|--|
| | E DE LEON BLVD., SUITE 1403 SLES, FL 33134 US | | |
| FEI Number: 88-1000608 | | Certificate of Status Desired: No | |
| Name and A | ddress of Current Registered Agent: | | |
| WALDMAN, GL 355 ALHAMBR/ SUITE 1200 CORAL GABLE | | | |
| | | | |
| The above named | entity submits this statement for the purpose of changing its regis | stered office or regis | tered agent, or both, in the State of Florida. |
| | entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the State of Florida. 04/30/2024 |
| | | stered office or regis | |
| SIGNATURE | GLEN H. WALDMAN | stered office or regis | 04/30/2024 |
| SIGNATURE | Electronic Signature of Registered Agent | tered office or regis | 04/30/2024 |
| SIGNATURE | GLEN H. WALDMAN Electronic Signature of Registered Agent Person(s) Detail : | | 04/30/2024 Date |
| SIGNATURE Authorized | GLEN H. WALDMAN Electronic Signature of Registered Agent Person(s) Detail : MGR | Title | 04/30/2024 Date |

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: CAMILO LOPEZ

MANAGER

04/30/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000533511

Entity Name: ATP 2021, LLC

Current Principal Place of Business:

1200 PONCE DE LEON BLVD., SUITE 1403 CORAL GABLES, FL 33134

Current Mailing Address:

FILED Apr 30, 2024 Secretary of State 7695549811CC