

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000002508

**Entity Name:** A3 ATLANTIC BOULEVARD, LLC

**Current Principal Place of Business:**

17895 COLLINS AVE.  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17895 COLLINS AVE.  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 82-4502341

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 A3 AB HOLDINGS, LLC.  
Address 17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP & SEC, GC  
Name HIRSCH, MARK  
Address 17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SRVP, CFO  
Name SHMUELI, OREN  
Address 17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CONTROLLER  
Name GARCIA, JAIR  
Address 17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER, A-SEC  
Name GARCIA, ANDRES  
Address 17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title ASSOC. GENERAL COUNSEL, ASST  
SEC  
Name CAMPOS, JERRY  
Address 17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** ANDRES GARCIA

**TREASURER**

**04/15/2024**

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

\_\_\_\_\_  
Date