

2022 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	SRVP, CFO
Name	SHMUELI, OREN
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	EVP & SEC, GC
Name	HIRSCH, MARK
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	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: OREN SHMUELI**SVP/CFO****04/15/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date