

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000002525

Entity Name: A3 AMENITIES, 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:** 83-2022257**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 TG CO MANAGEMENT, INC.
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, SECRETARY, GENERAL COUNSEL
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