

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000021706

**Entity Name:** NYLLANDX CORPORATION

**Current Principal Place of Business:**

6767 COLLINS AV  
STE 904  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

18117 BISCAYNE BLVD  
C/O AMERICANA 17  
AVENTURA, FL 33160 US

**FEI Number:** 46-5150149

**Certificate of Status Desired:** No

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

SILVA, ROY  
18117 BISCAYNE BLVD  
C/O AMERICANA 17  
AVENTURA, FL 33160 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

**Officer/Director Detail :**

Title	P/S	Title	VP
Name	SCHIRRMANN, PETER P/S	Name	SCHIRRMANN, LOURDES
Address	18117 BISCAYNE BLVD C/O AMERICANA 17	Address	18117 BISCAYNE BLVD C/O AMERICANA 17
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER SCHIRRMANN

PS

04/24/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date