

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111822

Entity Name: ATLANTIC 1649 LLC

Current Principal Place of Business:

1649 ATLANTIC BLVD
SUITE 200
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 550737
JACKSONVILLE , FL 32255 US

FEI Number: 20-5937386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUBIN, I M
1649 ATLANTIC BLVD
SUITE 200
JACKSONVILLE, FL 32207 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 RUBIN, I M
Address P.O. BOX 550737
City-State-Zip: JACKSONVILLE FL 32255

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: I M RUBIN

MGR

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date