### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001265

Entity Name: NARCOOSSEE ATLANTIC, LLC

# **Current Principal Place of Business:**

6900 TAVISTOCK LAKES BLVD. SUITE 200 ORLANDO, FL 32827

# **Current Mailing Address:**

6900 TAVISTOCK LAKES BLVD. SUITE 200 ORLANDO, FL 32827 US

# FEI Number: 20-8264689

# Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC. 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:	PETER F. SOUZA, ASSISTANT SECRETARY			06/04/2020
	Electronic Signature of Registered Agent			Date
Authorized Pe	erson(s) Detail :			
Title \	VP	Title	VP, SECRETARY	
Name 1	THAKKAR, RASESH	Name	RENCORET, MICHELLE R.	
	6900 TAVISTOCK LAKES BLVD. SUITE 200	Address	6900 TAVISTOCK LAKES BLVD SUITE 200	).
City-State-Zip: 0	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827	
Title M	MGR, P	Title	VP	
Name E	BEUCHER, NICHOLAS F III	Name	COLLIN, THOMAS CRAIG	
	5900 TAVISTOCK LAKES BLVD. SUITE 200	Address	6900 TAVISTOCK LAKES BLVD SUITE 200	).
City-State-Zip: 0	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827	
Title \	VP, T			
Name V	WEAVER, BENJAMIN A			
	5900 TAVISTOCK LAKES BLVD. SUITE 200			
City-State-Zip: 0	ORLANDO FL 32827			

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: NICHOLAS F. BEUCHER, III

MANAGER

06/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date