

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000157917

**Entity Name:** MONGOLIAN CENTURY, LLC

**Current Principal Place of Business:**

200 S. BISCAYNE BLVD.  
7TH FLOOR  
MIAMI, FL 33131

**FILED**  
**Apr 16, 2021**  
**Secretary of State**  
**8167759183CC**

**Current Mailing Address:**

200 S. BISCAYNE BLVD.  
7TH FLOOR  
MIAMI, FL 33131 US

**FEI Number:** 35-2463804

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
7TH FLOOR  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           AL-RASHID, SALMAN  
Address        200 S. BISCAYNE BLVD., 7TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title           MANAGER  
Name           AL-RASHID, MOHAMMAD  
Address        200 S. BISCAYNE BLVD., 7TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title           AUTHORIZED PERSON  
Name           STROTHER FRAZIER, SIMMONS  
Address        200 S. BISCAYNE BLVD.  
                  7TH FLOOR  
City-State-Zip: MIAMI FL 33131

*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:** SIMMONS STROTHER FRAZIER

**AUTHORIZED PERSON**

**04/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date