

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000001874

**Entity Name:** AHIP LLC

**Current Principal Place of Business:**

171 PIER AVE.  
152  
SANTA MONICA, CA 90405

**Current Mailing Address:**

171 PIER AVE.  
152  
SANTA MONICA, CA 90405 US

**FEI Number:** 46-1682359

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC.  
7901 4 ST N STE 300  
ST PETERSBURG, FL 33702 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 MGRM  
Name HUSSEIN, AMR  
Address 13428 MAXELLA AVE #359  
City-State-Zip: MARINA DEL REY CA 90292

*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:** AMR HUSSEIN

MANAGING MEMBER

01/25/2021

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

\_\_\_\_\_  
Date