

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000059101

Entity Name: 2383 KINGS CENTER MASON OH, LLC

Current Principal Place of Business:

4280 PROFESSIONAL CENTER DRIVE, STE. 100
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4280 PROFESSIONAL CENTER DRIVE, STE. 100
PALM BEACH GARDENS, FL 33410

FEI Number: 46-2620086

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, CRISTIAN J ESQ
4280 PROFESSIONAL CENTER DRIVE, STE. 110
PALM BEACH GARDENS, FL 33410 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	Title	MANAGER
Name	AMBROSINO, TRACI L	Name	EFRON, NEIL C
Address	4280 PROFESSIONAL CENTER DRIVE, STE. 100	Address	4280 PROFESSIONAL CENTER DRIVE, STE. 100
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

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: TRACI L. AMBROSINO

MANAGER

02/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date