

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000068093

**Entity Name:** 2801 MAIN ST LLC

**Current Principal Place of Business:**

2801 N MAIN ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

4651 EAGLE PEAK DRIVE  
KISSIMMEE, FL 34746 US

**FEI Number:** 81-2122161

**Certificate of Status Desired:** No

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

ALSMADI, FADI  
4651 EAGLE PEAK DRIVE  
KISSIMMEE, FL 34746 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            AMBR  
Name            ALSMADI, FADI  
Address        4651 EAGLE PEAK DRIVE  
City-State-Zip: KISSIMMEE FL 34746

Title            AMBR  
Name            IBRAHIM, AQIL  
Address        2164 FAIRMONT CIR  
City-State-Zip: ORLANDO FL 32837

Title            AMBR  
Name            MALKAWI, ASHRAF  
Address        4651 EAGLE PEAK DRIVE  
City-State-Zip: KISSIMMEE FL 34746

Title            AMBR  
Name            NASRI, BESMA  
Address        3199 BEARCLAW WAY  
City-State-Zip: KISSIMMEE FL 34746

*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:** FADI ALSMADI

**MGR**

**04/28/2017**

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

\_\_\_\_\_  
Date