

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000107595

**Entity Name:** ATLANTIC 1639, LLC

**Current Principal Place of Business:**

1662 STOCKTON ST  
JACKSONVILLE, 32204

**Current Mailing Address:**

PO BOX 20037  
CHARLESTON, SC 29413 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RUBIN, IM  
1662 STOCKTON ST  
JACKSONVILLE, FL 32204 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:** IM RUBIN

04/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RUBIN, IM  
Address PO BOX 20037  
City-State-Zip: CHARLESTON SC 29413

*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:** I M RUBIN

MGR

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date