

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000172894

**Entity Name:** 1717 MASSA LLC

**Current Principal Place of Business:**

10450 GULF BLVD  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

10450 GULF BLVD  
TREASURE ISLAND, FL 33706 US

**FEI Number:** 82-2460489

**Certificate of Status Desired:** No

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

WU, BO  
10450 GULF BLVD  
TREASURE ISLAND, FL 33706 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  
Name WU, BO  
Address 10450 GULF BLVD  
City-State-Zip: TREASURE ISLAND FL 33706

Title AUTHORIZED MEMBER  
Name HU, DIAN  
Address 10450 GULF BLVD  
City-State-Zip: TREASURE ISLAND FL 33706

Title AUTHORIZED MEMBER  
Name YUAN, XIANGYAN  
Address 10450 GULF BLVD  
City-State-Zip: TREASURE ISLAND FL 33706

Title AUTHORIZED MEMBER  
Name LI, XIZHONG  
Address 10450 GULF BLVD  
City-State-Zip: TREASURE ISLAND FL 33706

Title AUTHORIZED MEMBER  
Name LIU, DONGBO  
Address 10450 GULF BLVD  
City-State-Zip: TREASURE ISLAND FL 33706

Title AUTHORIZED MEMBER  
Name MEIJU.AI INC  
Address 10450 GULF BLVD  
City-State-Zip: TREASURE ISLAND FL 33706

*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:** BO WU

**MANAGER**

**04/02/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date