

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000109255

Entity Name: ACROSS THE BOARD L.L.C.**Current Principal Place of Business:**16400 COLLINS AVE
APT 1744
SUNNY ISLES, FL 33160**Current Mailing Address:**16400 COLLINS AVE
APT 1744
SUNNY ISLES, FL 33160 US**FEI Number:** 86-2698141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZENBUSINESS INC.
336 E. COLLEGE AVE.
SUITE 301
TALLAHASSEE, FL 32301 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:** KHADIJEH HEMMATI

04/19/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title AMBR
Name DEGEL, CLIFFORD DDS
Address 16400 COLLINS AVE
APT 1744
City-State-Zip: SUNNY ISLES FL 33160Title AMBR
Name O'CONNOR, SEAN
Address 16400 COLLINS AVE
APT 1744
City-State-Zip: SUNNY ISLES FL 33160Title AMBR
Name FALLON, MICHAEL
Address 16400 COLLINS AVE
City-State-Zip: SUNNY ISLES FL 33160Title AMBR
Name SHINE, TIM
Address 16400 COLLINS AVE
City-State-Zip: SUNNY ISLES FL 33160Title AMBR
Name CORTESE, MATTHEW
Address 16400 COLLINS AVE
City-State-Zip: SUNNY ISLES FL 33160Title AMBR
Name PONDOFINO, GERALD
Address 16400 COLLINS AVE
City-State-Zip: SUNNY ISLES FL 33160

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: CLIFFORD DEGEL DDS

MEMBER

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date