| FEI Number: 87-4388025 | | | Certificate of Status Desired: No | |
|--|--|---------|-----------------------------------|------------|
| Name and Address of Current Registered Agent: | | | | |
| MORALES, IRENE 3252 FAIRHAVEN AVE 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 | : IRENE MORALES | | | 04/23/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AMBR | Title | AMBR | |
| Name | ALI, SHEENA | Name | QUINONEZ, EDUARDO | |
| Address | 131-02 134 STREET | Address | 131-02 134 STREET | |

City-State-Zip:

SOUTH OZONE PARK NY 11420

3050 BLOOMSBURY DR KISSIMMEE, FL 34747

Current Mailing Address:

DOCUMENT# L21000528911

131-02 134 STREET SOUTH OZONE PARK, NY 11420 US

City-State-Zip: SOUTH OZONE PARK NY 11420

Entity Name: 3050 BLOOMSBURY DR LLC

Current Principal Place of Business:

FE

Na

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: SHEENA ALI AMBR

Electronic Signature of Signing Authorized Person(s) Detail

Date

04/23/2023

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT