

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000342535

**Entity Name:** FRAM BANK ONE, LLC

**Current Principal Place of Business:**

1500 N FEDERAL HWY #200  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

1500 N FEDERAL HWY #200  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MASTRIANA, F. RONALD  
1500 N FEDERAL HWY #200  
FORT LAUDERDALE, FL 33304 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 MGRM  
Name MASTRIANA, F. RONALD  
Address 1500 N FEDERAL HWY #200  
City-State-Zip: FORT LAUDERDALE FL 33304

Title MGRM  
Name MASTRIANA-SOLAL, ALEXANDRA  
Address 1500 N FEDERAL HWY #200  
City-State-Zip: FORT LAUDERDALE FL 33304

Title MGRM  
Name MASTRIANA, FRANCESCO  
Address 1500 N FEDERAL HWY #200  
City-State-Zip: FORT LAUDERDALE FL 33304

Title MGRM  
Name MASTRIANA, BRIEN R  
Address 1500 N FEDERAL HWY #200  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** F. RONALD MASTRIANA

**PRESIDENT**

**04/25/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date