

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000194044

**Entity Name:** AQUILINA 3706 LLC

**Current Principal Place of Business:**

17901 COLLINS AVE UNIT 3706  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

17901 COLLINS AVE UNIT 3706  
SUNNY ISLES, FL 33160 US

**FEI Number:** 88-2288386

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR. STE A  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	MGR
Name	MIKHAIL SORKIN, AS TRUSTEE OF THE NATALIA SORKIN GRANTOR RETAINED ANNUITY TRUST DATED OCTOBER 16, 2007	Name	SORKIN, MIKHAIL
Address	337 E 41ST ST	Address	337 E 41ST ST
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017

*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:** NATASHA SORKIN

**MEMBER**

**04/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date