## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000068784

Entity Name: AB FLORIDA GROUP (WHISPERING ISLES) II, INC.

**FILED** Apr 25, 2019 **Secretary of State** 1395633415CC

## **Current Principal Place of Business:**

C/O IMRAN SALAHUDDIN ALAJLAN RESIDENCES HITTEEN STREET HITTEEN, RIYADH 11541

## **Current Mailing Address:**

2 N. LASALLE ST. STE. 1300

CHICAGO, IL 60602 US

FEI Number: 37-1763679 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Address

Electronic Signature of Registered Agent Date

Officer/Director Detail:

PRESIDENT AND DIRECTOR Title Title SECRETARY AND TREASURER

SALAHUDDIN, IMRAN BIN ABDULAZIZ ALAJLAN, AJLAN Name Name

Address C/O IMRAN SALAHUDDIN Address C/O IMRAN SALAHUDDIN

ALAJLAN RESIDENCES HITTEEN ALAJLAN RESIDENCES HITTEEN

STREET STREET

City-State-Zip: HITTEN RIYADH 11541 City-State-Zip: HITTEEN RIYADH 11541

Title **DIRECTOR** Title **DIRECTOR** 

Name BIN ABDULAZIZ ALAJLAN, Name BIN ABDULAZIZ ALAJLAN, FAHAD

MOHAMMAD

Address C/O IMRAN SALAHUDDIN

C/O IMRAN SALAHUDDIN ALAJLAN RESIDENCES HITTEEN ALAJLAN RESIDENCES HITTEEN STREET

HITTEEN RITADH 11541 City-State-Zip: HITTEEN RIYADH 11541 City-State-Zip:

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IMRAN SALAHUDDIN

SECRETARY

04/25/2019 Date