121000014099

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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TALLA IASSEE FLORIDA

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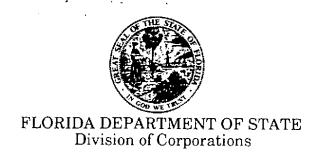
Y SULKER DEC 0 6 2021



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 12/02/2021 | _ | | <i>⇔WALK I</i> ! |
|-------------------------|---|---------------------------------|------------------|
| FNTITY NAME 208 P | OMPANO BEACH HO | LDINGS, LLC | WALK |
| LIVIII NAPIL | | | |
| DOCUMENT NUMBER_ | M21000014099 | | |
| | **PLEASE FILE THE | ATTACHED AND RETURN** | |
| XXXXX | Plain Copy | | |
| | Certified Copy | | |
| | Certificate of Status | | |
| | Certified Copy of Arts & Certificate of Good Stand | | |
| | **APOSTILLE' / NO | TARIAL CERTIFICATION** | |
| COUNTRY OF DESTINAT | TION | | |
| NUMBER OF CERTIFICA | TES REQUESTED | | |
| TOTAL OWED \$25.00 | | ACCOUNT #: I201600000 | 72 |
| | | S R FM | |
| Places well Time at the | la abana mustan tan | y issues or concerns. Thank you | - // |



December 3, 2021

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: 208 POMPANO BEACH HOLDINGS, LLC

Ref. Number: M21000014099

We have received your document for 208 POMPANO BEACH HOLDINGS, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Proproductions

Letter Number: 121A00029046

ON THE STATE OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appear | s on the records of the Florida Department of | | |
|---|--|--|--|
| State:208 POMPANO BEACH HOLD | INGS, LLC | | |
| Enter new principal office address, if applicable: | | | |
| (Principal office address | 6201 SW 70TH ST | | |
| MUST BE A STREET ADDRESS) | SOUTH MIAMI, FL 33143 | | |
| Enter new mailing address, if applicable: | 6201 SW 70TH ST | | |
| (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>) | SOUTH MIAMI, FL 33143 | | |
| | | | |
| 2. The Florida document number of this limited lia | bility company is: M21000014099 | | |
| 3. Jurisdiction of its organization: Delaware | | 2021 INST | |
| 4. Date authorized to do business in Florida: 10/2 | 22/2021 | معد ري معد | |
| SECTION II (5-9 complete only the applicable o | changes) | -2 A | |
| | contain "Limited Liability Company, " "L.L. | | |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C | taging members adopting the alternate name. | ida and attach a The alternate name | |
| 6. If amending the registered agent and/or registere registered agent and/or the new registered office ad | d officer address on our records, enter the nan | ne of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida Street Addres | | |
| | | | |
| | Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registed locument is being filed to merely reflect a change is iability company has been notified in writing of this | t and agree to act in this capacity. I further ag and complete performance of my duties, and I wred agent as provided for in Chapter 605, F.S n the registered office address, I hereby confi | am familiar with Or, if this | |

| Fitle/ Capacity | <u>Name</u> | Address Typ | e of Action |
|--------------------|---------------------------------------|---|-------------|
| Member 208 Po | mpano Beach Partners, LLC | 6201 SW 70th Street South Miami, FL 33143 | ⊠Add |
| | | | □Remo |
| IGR ROE | BERTO J SURIS | 6201 SW 70TH ST, SOUTH MIAMI, FL 33143 | □Add |
| | | | ⊠Remo |
| MGR 208 POM | MPANO BEACH MANAGMENT, LLC | 6201 SW 70TH ST, SOUTH MIAMI, FL 33143 | □Add |
| | | | ⊠Remo |
| | | | □Add |
| | | | □Remov |
| | | | □Add |
| aforementioned ame | e law of which this entity is organiz | e official having custody of records in the | □Remov |

Filing Fee: \$25.00