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. MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SANTIAGO J ALVAREZ

City-State-Zip: HIALEAH FL 33012 City-State-Zip: HIALEAH FL 33012

	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	D	Title	D	
Name	GARCIA, VIVIAN P	Name	ALVAREZ, SANTIAGO J	
Address	4225 WEST 16TH AVE 2ND FLOOR	Address	4225 WEST 16TH AVE 2ND FLOOR	

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.

Name and Address of Current Registered Agent:

2ND FLOOR

ALVAREZ, SANTIAGO J 4225 WEST 16TH AVE

HIALEAH, FL 33012 US

2ND FLOOR

SIGNATURE:

LAUDERHILL, FL 33313

2979 NW 56 AVE

DOCUMENT# L0200006213

4225 WEST 16TH AVE HIALEAH, FL 33012

FEI Number: 41-2032401

Entity Name: INVERRARY RENTALS, L.L.C.

Current Principal Place of Business:

Current Mailing Address:

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

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

03/22/2021

FILED Mar 22, 2021 Secretary of State 1524354244CC

Date