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: GINA WIGODA

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: WIGODA ALTON ROAD, LLC

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

9601 COLLINS AVENUE #406 #406 BAL HARBOR, FL 33154

# **Current Mailing Address:**

9601 COLLINS AVENUE #406 \$406 BAL HARBOR, FL 33154

## FEI Number: 20-0918245

## Name and Address of Current Registered Agent:

HORNSTEIN, BRUCE 317-71ST STREET MIAMI BEACH, FL 33141 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	WIGODA, GINA	Name	WIGODA, PAUL
Address	9601 COLLINS AVENUE STE 406	Address	9601 COLLINS AVENUE STE 406
City-State-Zip:	BAL HARBOUR FL 33154	City-State-Zip:	BAL HARBOUR FL 33154
Title	MGR		
Name	WIGODA, PATRICIA		
Address	9601 COLLINS AVENUE STE 406		
City-State-Zip:	BAL HARBOUR FL 33154		

Certificate of Status Desired: No

FILED Feb 02, 2016 Secretary of State CC8266137661

> 02/02/2016 Date

Date

MANAGER