# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HECTOR R. BRETON

Electronic Signature of Signing Authorized Person(s) Detail

HIALEAH, FL 33018 **Current Mailing Address:** 

**Current Principal Place of Business:** 

P.O. BOX 835283 MIAMI. FL 33283

3566 W 75 PLACE

#### FEI Number: 20-0117262

DOCUMENT# L03000026118

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

**BRETON, HECTOR** 3566 W 75 PLACE HIALEAH, FL 33018 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	P	Title	V
Name	BRETON, HECTOR R	Name	BRETON, ROSE A
Address	3566 W 75 PLACE	Address	3566 W 75 PLACE
City-State-Zip:	HIALEAH FL 33018	City-State-Zip:	HIALEAH FL 33018

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

PRESIDENT

03/15/2017

Date

FILED Mar 15, 2017 Secretary of State CC2716150744

Certificate of Status Desired: No

Date

## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: MIAMI DADE COMPUTER SOLUTIONS LLC