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. 03/09/2017

MGR

SIGNATURE: STEVEN FELLER

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054296

Entity Name: 1930 QUADROPLEX, LLC

Current Principal Place of Business:

500 NORTHEAST 3 AVENUE FORT LAUDERDALE, FL 33301

Current Mailing Address:

500 NORTHEAST 3 AVENUE FORT LAUDERDALE. FL 33301

FEI Number: 30-1319167

Name and Address of Current Registered Agent:

FRYE, AUSTIN A 20900 WEST DIXIE HIGHWAY AVENTURA, FL 33180 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	MGRM	Title	MGRM
Name	FELLER, STEVEN	Name	FELLER, LOUISE
Address	500 NORTHEAST 3 AVENUE	Address	500 NORTHEAST 3 AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301

Certificate of Status Desired: Yes

FILED Mar 09, 2017 Secretary of State CC8409670261

Date

Date