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: AARON RESNICK

Electronic Signature of Signing Authorized Person(s) Detail

Address 116 WEST 23RD STREET, SUITE 500 Address 1900 SUNSET HARBOUR DRIVE, UNIT 1003 City-State-Zip: NEW YORK NY 10011 City-State-Zip: MIAMI BEACH FL 33139 Title MGR SCHWARTZ, DEREK Name 2385 EXECUTIVE CENTER DRIVE, Address **UNIT 190** BOCA RATON FL 33431 City-State-Zip:

Title

Name

MGR

MGR

RESNICK, AARON

L MGR

100 NORTH BISC SUITE 1607	AYNE BLVD
MIAMI, FL 33132	US
The above named e	ntity 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 Po	erson(s) Detail :

Current Principal Place of Business: 100 NORTH BISCAYNE BLVD. **SUITE 1607**

100 NORTH BISCAYNE BLVD. **SUITE 1607** MIAMI, FL 33132

Name and Address of Current Registered Agent:

MIAMI, FL 33132

DAVIDOFF, JONATHAN

Title

Name

Current Mailing Address:

FEI Number: NOT APPLICABLE

DAVIDOFF, JONATHAN M

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 10, 2014 Secretary of State CC8558228471

Certificate of Status Desired: No

01/10/2014

Date