# 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

SIGNATURE: DONNA BAILEY

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

**Current Principal Place of Business:** 1400 NE MIAMI GARDENS DR

Entity Name: 8330 BISCAYNE BOULEVARD, LLC

#206 A MIAMI, FL 33179

# **Current Mailing Address:**

DOCUMENT# L07000076257

1400 NE MIAMI GARDENS DR #206 A MIAMI, FL 33179 US

## FEI Number: 45-0593984

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

BAILEY, ROBERT 1400 NÉ MIAMI GARDENS DR #206 A MIAMI, FL 33179 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

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#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BAILEY, DONNA D	Name	BAILEY, BRETT
Address	1400 NE MIAMI GARDENS DR #206 A	Address	1400 NE MIAMI GARDENS DR #206 A
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179

MANAGER Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/26/2016 Date

Date