### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L08000032337

Entity Name: I PUB, LLC

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

1451 SOUTH MIAMI AVE. SUITE C3 & C4 MIAMI, FL 33130

# **Current Mailing Address:**

2121 PONCE DE LEON BLVD SUITE 1050 CORAL GABLES, FL 33134 US

### FEI Number: 26-2300859

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

Electronic Signature of Registered Agent

CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2121 PONCE DE LEON BLVD SUITE 1050 CORAL GABLES, FL 33134 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:

### Authorized Person(s) Detail

| Authorized Person(s) Detail : |                                |                 |                               |
|-------------------------------|--------------------------------|-----------------|-------------------------------|
| Title                         | MGRM                           | Title           | MGRM                          |
| Name                          | I PUB PLATINUM, LLC            | Name            | DIBA, LLC                     |
| Address                       | 2121 PONCE DE LEON BLVD. SUITE | Address         | 10350 W. BAY HARBOR DR., PHLM |
|                               | 1050                           | City-State-Zip: | BAY HARBOR ISLAND FL 33154    |
| City-State-Zip:               | CORAL GABLES FL 33134          |                 |                               |
| Title                         | MGR                            |                 |                               |
| Name                          | HURTADO, HECTOR                |                 |                               |
| Address                       | 410 ESPANOLA WAY               |                 |                               |
| City-State-Zip:               | MIAMI BEACH FL 33139           |                 |                               |

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: HECTOR HURTADO

MANAGER

02/13/2018

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date