#### that my name appears above, or on an attachment with all other like empowered. 04/20/2015 SIGNATURE: SEAN POSNER

Electronic Signature of Signing Authorized Person(s) Detail

# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070147

Entity Name: SETPOINT NORTH MIAMI HOUSING LLC

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

3390 MARY STREET, SUITE 200 COCONUT GROVE, FL 33133

# **Current Mailing Address:**

3390 MARY STREET, SUITE 200 COCONUT GROVE, FL 33133

# FEI Number: 26-3121484

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

DILL, BRETT 3390 MARY STREET, SUITE 200 COCONUT GROVE, FL 33133 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	POSNER, SEAN	Name	DILL, BRETT
Address	3390 MARY STREET, SUITE 200	Address	3390 MARY STREET, SUITE 200
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133

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

MANAGING MEMBER

Date

# FILED Apr 20, 2015 Secretary of State CC6994137135

Certificate of Status Desired: Yes

Date