Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L09000065252 Entity Name: UNIVERSITY INN 2412, LLC

**Current Principal Place of Business:** 

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

335 S. BISCAYNE BLVD. #3309 MIAMI, FL 33131

## **Current Mailing Address:**

335 S. BISCAYNE BLVD. #3309 MIAMI, FL 33131 US

## FEI Number: 76-8201825

## Name and Address of Current Registered Agent:

LIU CARDENAS, LILIAN 335 S. BISCAYNE BLVD. #3309 MIAMI, FL 33131 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	: LILIAN LIU CARDENAS			03/24/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	LIU CARDENAS, LILIAN	Name	LIU CZARCINSKI, JULIANA	
Address	335 S. BISCAYNE BLVD. #3309	Address	335 S. BISCAYNE BLVD. #3309	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	

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: LILIAN LIU CARDENAS

MANAGING AGENT

03/24/2020

Certificate of Status Desired: No

Date