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. 01/09/2017

MANAGER

SIGNATURE: LYLA TODYWALA

Electronic Signature of Signing Authorized Person(s) Detail

5340 NORTHWEST 104TH COURT DORAL, FL 33178 US

Current Principal Place of Business:

FEI Number: 27-2147775

Current Mailing Address:

DOCUMENT# L10000030179

5340 NORTHWEST 104TH COURT

DORAL, FL 33178

Name and Address of Current Registered Agent:

TODYWALA, SAM E 5340 NORTHWEST 104TH COURT DORAL, FL 33178 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

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: TODYWALA FAMILY MANAGEMENT COMPANY, LLC

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	TODYWALA, SAM E	Name	TODYWALA, LYLA
Address	5340 NORTHWEST 104TH COURT	Address	5340 NORTHWEST 104TH COURT
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

Certificate of Status Desired: No

Date

Date