# that my name appears above, or on an attachment with all other like empowered. 04/30/2016

SIGNATURE: BURNADETTE NORRIS-WEEKS

Electronic Signature of Signing Authorized Person(s) Detail

#### **Current Mailing Address:** 405 NORTH AVENUE OF THE ARTS (NW7TH AVE) FORT LAUDERDALE. FL 33311 US

**Current Principal Place of Business:** 405 NORTH AVENUE OF THE ARTS (NW 7TH AVE)

## FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

NORRIS-WEEKS, BURNADETTE 401 NW 7TH AVENUE FORT LAUDERDALE, FL 33311 US

DOCUMENT# L10000060447

FORT LAUDERDALE. FL 33311

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

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: AVENUE OF THE ARTS EXECUTIVE SUITES, LLC

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	NORRIS-WEEKS, BURNADETTE	Name	EGGLESTON, KATHY
Address	405 NW 7TH AVENUE	Address	405 NW 7TH AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33311	City-State-Zip:	FORT LAUDERDALE FL 33311

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

## Certificate of Status Desired: No

Apr 30, 2016 Secretary of State CC6826697981

Date

FILED

Date

MANAGER