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

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L10000087472

#### Entity Name: COMMERCIAL ASSET & PROPERTY MANAGEMENT LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

12550 BISCAYNE BLVD., SUITE 403 NORTH MIAMI. FL 33181

#### **Current Mailing Address:**

12550 BISCAYNE BLVD., SUITE 403 NORTH MIAMI, FL 33181 US

### FEI Number: 27-3293846

## Name and Address of Current Registered Agent:

TEBOUL, JONATHAN J 12550 BISCAYNE BLVD SUITE 403 NORTH MIAMI, FL 33181 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
Name	TEBOUL, JONATHAN J
Address	12550 BISCAYNE BLVD., SUITE 403
City-State-Zip:	NORTH MIAMI FL 33181

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 03/20/2017 SIGNATURE: JONATHAN TEBOUL MANAGER

Certificate of Status Desired: No

Date

#### FILED Mar 20, 2017 Secretary of State CC5736353376

Date