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

Electronic Signature of Signing Authorized Person(s) Detail

### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L10000108269

Entity Name: 3081 SALZADO ST, LLC

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

90 ALMERIA AVENUE SUITE 204 CORAL GABLES, FL 33134

### **Current Mailing Address:**

90 ALMERIA AVENUE SUITE 204 CORAL GABLES, FL 33134

# FEI Number: 27-4029072

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

NACHMAN, SETH 90 ALMERIA AVENUE SUITE 204 CORAL GABLES, FL 33134 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:

# Authorized Person(s) Detail :

| Title           | MGRM                        | Title           | MGR                         |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Name            | NACHMAN, SETH               | Name            | EBER, JILL                  |
| Address         | 90 ALMERIA AVENUE SUITE 204 | Address         | 90 ALMERIA AVENUE SUITE 204 |
| City-State-Zip: | CORAL GABLES FL 33134       | City-State-Zip: | CORAL GABLES FL 33134       |

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

SIGNATURE: SETH NACHMAN

01/15/2020 MANAGING PARTNER

FILED Jan 15, 2020 Secretary of State 3455911786CC

Certificate of Status Desired: No

Date

Date