

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000066038

**FILED**  
**Mar 22, 2018**  
**Secretary of State**  
**CC5236539833**

**Entity Name:** MARSHALL SOCARRAS GRANT, P.L.

**Current Principal Place of Business:**

197 S FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

**Current Mailing Address:**

197 S FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432 US

**FEI Number:** 45-2514625

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARSHALL, ADAM  
197 S FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MARSHALL, ADAM  
Address 197 S FEDERAL HIGHWAY  
SUITE 200  
City-State-Zip: BOCA RATON FL 33432

Title MGRM  
Name GRANT, JOE  
Address 197 S FEDERAL HIGHWAY  
SUITE 200  
City-State-Zip: BOCA RATON FL 33432

Title MGRM  
Name SOCARRAS, RUBEN  
Address 197 S FEDERAL HIGHWAY  
SUITE 200  
City-State-Zip: BOCA RATON FL 33432

*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:** JOE M. GRANT

**MANAGING MEMBER**

**03/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date