300 MALAGA A CORAL GABLE				
Current Mai	ling Address:			
300 MALAG CORAL GAE	A AVE. BLES, FL 33134 US			
FEI Number: 45-2708760			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
110 MERRICK	ENT SERVICES LLC WAY			
3A CORAL GABLE	S, FL 33134 US			
The above named	I entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Fl	orida.
	d entity submits this statement for the purpose of changing its reg E: LOUIS STINSON JR, AS MANAGER	istered office or regis	tered agent, or both, in the State of Fl	orida. 04/14/2016
		istered office or regis	tered agent, or both, in the State of Fl	
SIGNATURE	E LOUIS STINSON JR, AS MANAGER	istered office or regis	tered agent, or both, in the State of Fl	04/14/2016
SIGNATURE	E: LOUIS STINSON JR, AS MANAGER Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of Fl	04/14/2016
SIGNATURE	E: LOUIS STINSON JR, AS MANAGER Electronic Signature of Registered Agent Person(s) Detail :			04/14/2016
SIGNATURE Authorized	E: LOUIS STINSON JR, AS MANAGER Electronic Signature of Registered Agent Person(s) Detail : MANAGER	Title	MANAGER	04/14/2016
SIGNATURE Authorized Title Name Address	E: LOUIS STINSON JR, AS MANAGER Electronic Signature of Registered Agent Person(s) Detail : MANAGER VALDES, CHRISTAIN B	Title Name Address	MANAGER RODRIQUEZ, SAMANTHA	04/14/2016
SIGNATURE Authorized Title Name Address	ELOUIS STINSON JR, AS MANAGER Electronic Signature of Registered Agent Person(s) Detail : MANAGER VALDES, CHRISTAIN B 300 MALAGA AVE.	Title Name Address	MANAGER RODRIQUEZ, SAMANTHA 300 MALAGA AVE.	04/14/2016
SIGNATURE Authorized Title Name Address	ELOUIS STINSON JR, AS MANAGER Electronic Signature of Registered Agent Person(s) Detail : MANAGER VALDES, CHRISTAIN B 300 MALAGA AVE.	Title Name Address	MANAGER RODRIQUEZ, SAMANTHA 300 MALAGA AVE.	04/14/2016

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: SAMANTHA RODRIQUEZ

MANAGER

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000076947

Entity Name: SOUND ASSURANCES LLC

Current Principal Place of Business:

FILED Apr 14, 2016 Secretary of State CC7802221633

Date