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 un

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: CLAUDIA GOMEZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 11133 DEVONAIRE, LLC	
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2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

18331 PINES BLVD #167 PEMBROKE PINES, FL 33029

DOCUMENT# L11000078466

Current Mailing Address:

18331 PINES BLVD #167 PEMBROKE PINES,FL 33029 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

GOMEZ, CLAUDIA 18331 PINES BLVD #167 PEMBROKE PINES , FL 33029 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	CLAUDIA GOMEZ			04/30/2018	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	RIVEROS, MANUEL	Name	CLAUDIA , GOMEZ		
Address	18331 PINES BLVD #167	Address	18331 PINS BKVD 105		
City-State-Zip:	PEMBROKE PINES FL 33029	City-State-Zip:	PEMBROKE PINES FL 33029		

Certificate of Status Desired: No

FILED Apr 30, 2018 Secretary of State CC6344076251

MGR

04/30/2018