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: SHAMARY DIAZ

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 

**Current Principal Place of Business:** 

Entity Name: 1929 NW 24TH COURT, LLC

8640 SW 4TH STREET MIAMI. FL 33144

8640 SW 4TH STREET MIAMI, FL 33144

DOCUMENT# L11000127351

# FEI Number: 45-3791223

## Name and Address of Current Registered Agent:

DIAZ, ISMAEL ESQUIRE 3611 WEST FLAGLER ST MIAMI, FL 33135 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

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## Authorized Person(s) Detail :

Title	MGR	Title	SECRETARY
Name	DIAZ, YOSVEL	Name	DIAZ, SHAMARY
Address	8640 SW 4TH STREET	Address	8640 SW 4TH STREET
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

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

SECRETARY

01/16/2017

Date

FILED Jan 16, 2017 Secretary of State CC2140364771

Certificate of Status Desired: No

Date