#### 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: MAURICIO MANTOVANI MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

<u>2018</u>	FLORIDA LIMITE	D LIABILITY	COMPANY	ANNUAL	REPORT

DOCUMENT# L12000007194

Entity Name: YVANOFOR PROPERTIES LLC

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

1600 PONCE DE LEON BLVD 1055 CORAL GABLES, FL 33134

## **Current Mailing Address:**

1600 PONCE DE LEON BLVD 1055 CORAL GABLES, FL 33134

### FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MANTOVANI, MAURICIO 1600 PONCE DE LEON BLVD 1055 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 -

Authorized Person(s) Detail :					
Title	MGMR	Title	MGRM		
Name	MANTOVANI, MAURICIO	Name	DE GRAZIA, JOSEFINA		
Address	1600 PONCE DE LEON BLVD SUITE 1055	Address	1600 PONCE DE LEON BLVD SUITE 1055		
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134		

FILED Mar 27, 2018 Secretary of State CC0520610447

Certificate of Status Desired: Yes

03/27/2018

Date