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: PATRICK MCCARTY

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 2809 AMALEI DR 303, LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

2246 BAY VILLAGE CT. PALM BEACH GARDENS. FL 33410

DOCUMENT# L12000032912

Current Mailing Address:

2246 BAY VILLAGE CT. PALM BEACH GARDENS. FL 33410 US

FEI Number: 45-4977437

Name and Address of Current Registered Agent:

MCCARTY, PATRICK 2246 BAY VILLAGE CT. PALM BEACH GARDENS, FL 33410 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MCCARTY, PATRICK	Name	MCCARTY, DIANE
Address	2246 BAY VILLAGE CT.	Address	2246 BAY VILLAGE CT.
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

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

MANAGER

04/21/2016 Date

FILED Apr 21, 2016 Secretary of State CC5684638716

Certificate of Status Desired: No

Date