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. 01/30/2018

SIGNATURE: GAIL SHAPIRO

Electronic Signature of Signing Authorized Person(s) Detail

8488 35TH AVE N ST PETERSBURG, FL 33710

Entity Name: 5870 64TH TERRACE N, LLC

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# L12000067420

8488 35TH AVE N ST PETERSBURG, FL 33710 US

FEI Number: 45-5401261

Name and Address of Current Registered Agent:

SHAPIRO, GAIL 8488 35TH AVE N ST PETERSBURG, FL 33710 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 :

Title	MGR	Title	MANAGER
Name	SHAPIRO, GAIL	Name	SHAPIRO, MICHAEL
Address	8488 35TH AVE N	Address	8488 35TH AVE N
City-State-Zip:	ST PETERSBURG FL 33710	City-State-Zip:	ST PETERSBURG FL 33710

Electronic Signature of Registered Agent

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 30, 2018 Secretary of State CC9691006561

Date

Certificate of Status Desired: No

MANAGER

Date