Current Mai	ling Address:			
620 SW 14T FORT LAUD	H CT ERDALE, FL 33315 US			
FEI Number: APPLIED FOR			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
GIANESE-PITT 100 N. BISCAY SUITE 3070 MIAMI, FL 331	NE BLVD			
The above named	I entity submits this statement for the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of Florid	da.
	I entity submits this statement for the purpose of changing it E SEVERINE GIANESE-PITTMAN	ts registered office or regis	<b>0</b>	∞a. 01/29/2018
		ts registered office or regis	<b>0</b>	
SIGNATURE	E SEVERINE GIANESE-PITTMAN	ts registered office or regis	<b>0</b>	01/29/2018
SIGNATURE	E: SEVERINE GIANESE-PITTMAN Electronic Signature of Registered Agent	ts registered office or regis	<b>0</b>	01/29/2018
SIGNATURE	E: SEVERINE GIANESE-PITTMAN Electronic Signature of Registered Agent Person(s) Detail :			01/29/2018
SIGNATURE Authorized Title	E: SEVERINE GIANESE-PITTMAN Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title	MGRM	01/29/2018
SIGNATURE Authorized Title Name	E: SEVERINE GIANESE-PITTMAN Electronic Signature of Registered Agent Person(s) Detail : MGRM LECADET, MARIE CLAUDE	Title Name	MGRM RIVAS PLATA, SOPHIE 620 SW 14TH CT	01/29/2018
SIGNATURE Authorized Title Name Address	E: SEVERINE GIANESE-PITTMAN Electronic Signature of Registered Agent Person(s) Detail : MGRM LECADET, MARIE CLAUDE 620 SW 14TH CT	Title Name Address	MGRM RIVAS PLATA, SOPHIE 620 SW 14TH CT	01/29/2018
SIGNATURE Authorized Title Name Address City-State-Zip:	E: SEVERINE GIANESE-PITTMAN Electronic Signature of Registered Agent Person(s) Detail : MGRM LECADET, MARIE CLAUDE 620 SW 14TH CT FORT LAUDERDALE FL 33315	Title Name Address	MGRM RIVAS PLATA, SOPHIE 620 SW 14TH CT	01/29/2018
SIGNATURE Authorized Title Name Address City-State-Zip: Title	E: SEVERINE GIANESE-PITTMAN Electronic Signature of Registered Agent Person(s) Detail : MGRM LECADET, MARIE CLAUDE 620 SW 14TH CT FORT LAUDERDALE FL 33315 MGRM	Title Name Address	MGRM RIVAS PLATA, SOPHIE 620 SW 14TH CT	01/29/2018

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: SOPHIE RIVAS PLATA

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

01/29/2018

## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L12000074354

Entity Name: THIO FLORIDE LLC

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

FILED Jan 29, 2018 **Secretary of State** CC6033127004

Date