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

# SIGNATURE: NATHANAEL COHEN

Electronic Signature of Signing Authorized Person(s) Detail

2015	<b>FLORIDA LIM</b>	ITED LIABIL	ITY COMPAN	<b>NY ANNUAL</b>	REPORT

#### DOCUMENT# L12000079142

# Entity Name: MODANI ATLANTA LLC

# **Current Principal Place of Business:**

2800 BISCAYNE BLVD PH FLOOR MIAMI, FL 33137

#### **Current Mailing Address:**

2800 BISCAYNE BLVD PH FLOOR MIAMI, FL 33137 US

#### FEI Number: 37-1695654

City-State-Zip: MIAMI FL 33137

#### Name and Address of Current Registered Agent:

COHEN, NATHANAEL J 2800 BISCAYNE BLVD PH FLOOR MIAMI, FL 33137 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	E: NATHANAEL COHEN J	02/23/2015				
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	MGR	Title	MGR			
Name	COHEN, NATHANAEL J	Name	ATHEA, STEVEN W			
Address	2800 BISCAYNE BLVD PH FLOOR	Address	2800 BISCAYNE BLVD PH FLOOR			
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137			
Title	MGR					
Name	FELLOUS, YONEL					
Address	2800 BISCAYNE BLVD PH FLOOR					

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

MANAGER

# Certificate of Status Desired: Yes

02/23/2015

# FILED Feb 23, 2015 Secretary of State CC3659986740

Date