TT. LAODENDA				
Current Mai	ling Address:			
5800 NE 191 FT. LAUDEF	TH AVE. RDALE, FL 33308 US			
FEI Number	: 46-1289083		Certificate of Status Desire	d: No
Name and A	ddress of Current Registered Agent:			
HABER BLANK 888 S. ANDRE\ SUITE 201 FT. LAUDERDA				
The above named	I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida	
	l entity submits this statement for the purpose of changing its regis : JASON H HABER	stered office or regis	G	4/29/2018
		stered office or regis	G	
SIGNATURE	E: JASON H HABER	stered office or regis	G	4/29/2018
SIGNATURE	E: JASON H HABER Electronic Signature of Registered Agent	stered office or regis	G	4/29/2018
SIGNATURE	E: JASON H HABER Electronic Signature of Registered Agent Person(s) Detail :		0	4/29/2018 Date
SIGNATURE Authorized	E: JASON H HABER Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title	MGRM	4/29/2018 Date
SIGNATURE Authorized Title Name Address	E: JASON H HABER Electronic Signature of Registered Agent Person(s) Detail : MGRM ZOBECK, CRISTIAN	Title Name Address	0 MGRM ZOBECK RIBAS, KAREN VALESKA	4/29/2018 Date
SIGNATURE Authorized Title Name Address	E: JASON H HABER Electronic Signature of Registered Agent Person(s) Detail : MGRM ZOBECK, CRISTIAN 5800 NE 19TH AVE	Title Name Address	0 MGRM ZOBECK RIBAS, KAREN VALESK 5800 NE 19TH AVE	4/29/2018 Date
SIGNATURE Authorized Title Name Address	E: JASON H HABER Electronic Signature of Registered Agent Person(s) Detail : MGRM ZOBECK, CRISTIAN 5800 NE 19TH AVE	Title Name Address	0 MGRM ZOBECK RIBAS, KAREN VALESK 5800 NE 19TH AVE	4/29/2018 Date
SIGNATURE Authorized Title Name Address	E: JASON H HABER Electronic Signature of Registered Agent Person(s) Detail : MGRM ZOBECK, CRISTIAN 5800 NE 19TH AVE	Title Name Address	0 MGRM ZOBECK RIBAS, KAREN VALESK 5800 NE 19TH AVE	4/29/2018 Date

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000137337

5800 NE 19TH AVE.

FT. LAUDERDALE, FL 33308

Entity Name: RIBAS PROPERTIES, LLC

Current Principal Place of Business:

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: CRISTIAN ZOBECK

OWNER

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 29, 2018 Secretary of State CC1414069296

Date