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: RYANNE N. SHERMAN

SW SOUTH RIVER DR 15

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 :

TitleMGRMNameSHERMAN, RYANNE NAddressPO BOX 11068City-State-Zip:MIAMI FL 33101

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000015683

Entity Name: LAW OFFICE OF RYANNE N. SHERMAN, PLLC

Current Principal Place of Business:

10 SW SOUTH RIVER DR 1415 MIAMI, FL 33130

Current Mailing Address:

PO BOX 11068 MIAMI, FL 33101 US

FEI Number: 46-1912396

Name and Address of Current Registered Agent:

SHERMAN, RYANNE N 10 SW SOUTH RIVER DR 1415 MIAMI, FL 33130 US FILED Mar 03, 2014 Secretary of State CC8945029970

Certificate of Status Desired: No

Date

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER