# 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: STEVE SAIONTZ

Electronic Signature of Signing Authorized Person(s) Detail

### DOCUMENT# L13000045604

Entity Name: SAIKA PARTNERS, LLC

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

2889 MCFARLANE RD PH 08 MIAMI, FL 33133

# **Current Mailing Address:**

2889 MCFARLANE RD PH 08 MIAMI, FL 33133

## FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

SAIONTZ, STEVE 2889 MCFARLANE RD PH 08 MIAMI, FL 33133 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:

Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title MGRM Title AUTHORIZED REPRESENTATIVE SAIONTZ, STEVE Name Name SOMERSTEIN, MARK 2889 MCFARLANE RD PH08 2889 MCFARLANE RD Address Address PH 08 City-State-Zip: MIAMI FL 33133 City-State-Zip: MIAMI FL 33133

FILED Mar 10, 2019 Secretary of State 6522871616CC

Certificate of Status Desired: No

MGR 03/10/2019

Date