FEI Number: APPLIED FOR		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
ARSALI, ANTH 3 BAREFOOT L SUITE 200 LANTANA, FL	LANE 33462 US			
The above named	d entity submits this statement for the purpose of changi	ng its registered office or regis	tered agent, or both, in the State of F	lorida.
SIGNATURE	E: ANTHONY ARSALI			03/31/2015
SIGNATURE	E: ANTHONY ARSALI Electronic Signature of Registered Agent			03/31/2015 Date
	Electronic Signature of Registered Agent	Title	TRUSTEE, AUTHORIZED	
Authorized	Electronic Signature of Registered Agent Person(s) Detail :		REPRESENTATIVE	
Authorized	Electronic Signature of Registered Agent Person(s) Detail : AUTHORIZED MEMBER	Title Name		
Authorized	Electronic Signature of Registered Agent Person(s) Detail : AUTHORIZED MEMBER ARSALI FAMILY TRUST DATED		REPRESENTATIVE	

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: NICHOLAS ARSALI

Electronic Signature of Signing Authorized Person(s) Detail

TRUSTEE

03/31/2015

Date

FILED Mar 31, 2015 **Secretary of State** CC4797979863

Current Principal Place of Business:

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

432 25TH STREET WEST PALM BEACH, FL 33401

DOCUMENT# L13000062623

Entity Name: AFT2005 LLC

Current Mailing Address:

P. O. BOX 4244