| Current Ma | iling Address: | | | |
|---|--|------------------------------|--|----------------------|
| 397 NW 99 | WAY | | | |
| CORAL SPI | RINGS, FL 33071 US | | | |
| | | | | |
| FEI Number: 98-0845916 | | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Agent: | | | |
| LIPWORTH, A 397 NW 99 WA CORAL SPRIN | | | | |
| | 00,12 33071 00 | | | |
| | ed entity submits this statement for the purpose of changing its | s registered office or regis | tered agent, or both, in the State of Fl | orida. |
| The above name | | s registered office or regis | tered agent, or both, in the State of Fl | orida. 04/28/2018 |
| The above name | ed entity submits this statement for the purpose of changing its | s registered office or regis | tered agent, or both, in the State of Fl | |
| The above name SIGNATUR | ed entity submits this statement for the purpose of changing its E: ANNETTE LIPWORTH | s registered office or regis | tered agent, or both, in the State of Fl | 04/28/2018 |
| The above name SIGNATUR | ed entity submits this statement for the purpose of changing its E: ANNETTE LIPWORTH Electronic Signature of Registered Agent | s registered office or regis | tered agent, or both, in the State of Fl | 04/28/2018 |
| The above name SIGNATUR Authorized | ed entity submits this statement for the purpose of changing its E: ANNETTE LIPWORTH Electronic Signature of Registered Agent Person(s) Detail : | | | 04/28/2018 |
| The above name SIGNATUR Authorized Title | ed entity submits this statement for the purpose of changing its E: ANNETTE LIPWORTH Electronic Signature of Registered Agent Person(s) Detail : MANAGER | Title | MANAGER | 04/28/2018 |

CORAL SPRINGS, FL 33071

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000081821

397 NW 99 WAY

Entity Name: TAMARAC BEIT II, 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: LIPWORTH, ANNETTE

MGR

04/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 28, 2018 Secretary of State CC7788898317

Date