| Current Mai | ling Address: | | | |
|---|---|-----------------------------------|---|-------------------|
| | 7TH TERRACE PINES, FL 33029 US | | | |
| FEI Number: 46-4747831 | | Certificate of Status Desired: No | | |
| Name and A | ddress of Current Registered Agent: | | | |
| FAST AND EAS 419 W 49TH ST 217 HIALEAH, FL 3 | | | | |
| | | | | |
| The above named | l entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the State of Florida | |
| | entity submits this statement for the purpose of changing its regis ANA O GUILLOT CPA | tered office or regis | 0 | 1/06/2021 |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | tered office or regis | 0 | |
| SIGNATURE | ANA O GUILLOT CPA | tered office or regis | 0 | 1/06/2021 |
| SIGNATURE | Electronic Signature of Registered Agent | tered office or regis | 0 | 1/06/2021 |
| SIGNATURE | ANA O GUILLOT CPA Electronic Signature of Registered Agent Person(s) Detail : | | 0 | 1/06/2021 Date |
| SIGNATURE Authorized | ANA O GUILLOT CPA Electronic Signature of Registered Agent Person(s) Detail : MGR | Title | 0 MANAGER | 1/06/2021 Date |

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: FRANCISCO SIFONTES

Electronic Signature of Signing Authorized Person(s) Detail

Jan 06, 2021 **Secretary of State** 3472717595CC

FILED

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000140338

Entity Name: 8657 NW 3RD STREET, LLC

Current Principal Place of Business:

1253 SW 177 TERRACE PEMBROKE PINES, FL 33029

Current Mailing Address

Date