#### SIGNATURE: HILARY JONES

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

MRS

#### 04/06/2023

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	HILARY JONES			04/06/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	JONES, GARETH EWART	Name	JONES, HILARY LOUISE	
Address	50 BISCAYNE BLVD APT #2111	Address	50 BISCAYNE BLVD APT #2111	
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132	

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

#### **Current Mailing Address:**

**50 BISCAYNE BLVD** APT #2111 MIAMI, FL 33132 US

#### FEI Number: 33-1230481

JONES, HILARY LOUISE **50 BISCAYNE BOULEVARD** 

MIAMI, FL 33132 US

UNIT 2111

### Name and Address of Current Registered Agent:

MIAMI, FL 33132

# APT #2111

**50 BISCAYNE BLVD** 

#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L13000156925

Entity Name: POLWARTH PROPERTIES LLC

**Current Principal Place of Business:** 

## Apr 06, 2023 Secretary of State 1680979489CC

FILED

Certificate of Status Desired: No

Date