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

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000167387

Entity Name: FLM 305 SW 24 RD LLC

Current Principal Place of Business:

200 CRANDON BOULEVARD SUITE 311 KEY BISCAYNE, FL 33149

Current Mailing Address:

P.O.BOX 450627 MIAMI, FL 33245 US

FEI Number: 46-4298830

Name and Address of Current Registered Agent:

SALAZAR, LISETTE PIE 200 CRANDON BOULEVARD SUITE 311 KEY BISCAYNE, FL 33149 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

Authorized Person(s) Detail :

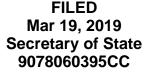
Title	MGR	Title	MANAGER
Name	LAGOS MARMOL, FRANCISCO	Name	DELACRE, PALOMA MARIA
Address	P.O.BOX 450627	Address	P.O.BOX 450627
City-State-Zip:	MIAMI FL 33245	City-State-Zip:	MIAMI FL 33245

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

SIGNATURE: FRANCISCO LAGOS MARMOL

MANAGER

03/19/2019



Certificate of Status Desired: No

Date

Date