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

SIGNATURE: SHARP, NICHOLAS SIMON

Electronic Signature of Signing Authorized Person(s) Detail

## Entity Name: THREEFOLD CAFE, LLC.

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

### **Current Principal Place of Business:**

141 GIRALDA AVENUE CORAL GABLES, FL 33134

DOCUMENT# L14000032474

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

141 GIRALDA AVENUE CORAL GABLES. FL 33134 US

#### FEI Number: 46-4937475

#### Name and Address of Current Registered Agent:

SHARP, NICHOLAS SIMON 141 GIRALDA AVENUE CORAL GABLES, FL 33134 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	AMBR
Name	SHARP, NICHOLAS SIMON	Name	SHARP, TERESA
Address	141 GIRALDA AVENUE	Address	141 GIRALDA AVENUE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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

PRESIDENT

12/02/2015 Date

FILED Dec 02, 2015 Secretary of State CC8756482303

Certificate of Status Desired: No

Date