| FEI Number: 47-1096995   |   | Certificate of Status Desired: No   |   |
|--|---|---|---|
| Idress of Current Registered Agent:                              |   |   |   |
| OS FAUSTO<br>EET<br>5 US   |   |   |   |
| entity submits this statement for the purpose of changing its re | egistered office or regis   | tered agent, or both, in the State of Flo   | orida.  |
| CARLOS FAUSTO MIRANDA  |   |   | 01/21/2015  |
| Electronic Signature of Registered Agent                         |   |   | Date  |
| erson(s) Detail :  |   |   |   |
| AMBR   | Title   | AMBR  |   |
| ROJAS, CESAR A   | Name  | ENRIQUEZ-CERICE, OSCAR  |   |
| 1180 NW 8 STREET   | Address   | 1180 NW 8 STREET  |   |
| MIAMI FL 33136   | City-State-Zip:   | MIAMI FL 33136  |   |
| AMBR   |   |   |   |
| MIRANDA, CARLOS F  |   |   |   |
| 1180 NW 8 STREET   |   |   |   |
| MIAMI FL 33136   |   |   |   |
|  | Adress of Current Registered Agent:<br>OS FAUSTO<br>ET<br>S US<br>entity submits this statement for the purpose of changing its re<br>CARLOS FAUSTO MIRANDA<br>Electronic Signature of Registered Agent<br>erson(s) Detail :<br>AMBR<br>ROJAS, CESAR A<br>1180 NW 8 STREET<br>MIAMI FL 33136<br>AMBR<br>MIRANDA, CARLOS F<br>1180 NW 8 STREET | Idress of Current Registered Agent:   OS FAUSTO   ET   S US   entity submits this statement for the purpose of changing its registered office or regis   CARLOS FAUSTO MIRANDA   Electronic Signature of Registered Agent   erson(s) Detail :   AMBR Title   ROJAS, CESAR A Name   1180 NW 8 STREET Address   MIAMI FL 33136 City-State-Zip:   AMBR MIRANDA, CARLOS F   1180 NW 8 STREET Haddress | Inderess of Current Registered Agent:   OS FAUSTO   ET   S US   entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of File   CARLOS FAUSTO MIRANDA   Electronic Signature of Registered Agent   erson(s) Detail :   AMBR   ROJAS, CESAR A   1180 NW 8 STREET   MAMBR   MIAMI FL 33136   AMBR   MIRANDA, CARLOS F   1180 NW 8 STREET |

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: CARLOS FAUSTO MIRANDA

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 1350 SW 5TH STREET, LLC

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

1180 NW 8 STREET MIAMI, FL 33136

### **Current Mailing Address:**

DOCUMENT# L14000052058

1180 NW 8 STREET MIAMI, FL 33136

## FEI Number: 47-1096995

### I

# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

01/21/2015

Date

FILED Jan 21, 2015 **Secretary of State** CC4595988167

Cartificate of Status Desired: No

PRESIDENT