| I hereby certify that the information indicated on this report or supplemental report is true and accurate |                                                   |                                           |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------|
| 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 requi | red by Chapter 605, Florida Statutes; and |
| that my name appears above, or on an attachment with all other like empowered.                             |                                                   |                                           |
| SIGNATURE' DAVID ABELLARD JR                                                                               | MP                                                | 12/13/2021                                |

SIGNATURE: DAVID ABELLARD JR

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L14000067908

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: 5307 CWELT-2008 LLC

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

5307 NW 93RD AVE. SUNRISE, FL 33351

## **Current Mailing Address:**

5307 NW 93RD AVE. SUNRISE, FL 33351 US

## FEI Number: NOT APPLICABLE

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

CWELT 2007-1 LLC 199 E FLAGLER STREET 1460 MIAMI, FL 33131 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                     | : DAVID ABELLARD JR                      |                 |                          | 12/13/2021 |
|-------------------------------|------------------------------------------|-----------------|--------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                          | Date       |
| Authorized Person(s) Detail : |                                          |                 |                          |            |
| Title                         | MGR                                      | Title           | AUTHORIZED REPRESENTATIV | Έ          |
| Name                          | PIVOTAL KEY, LLC                         | Name            | ANDREWS, JACQUELINE      |            |
| Address                       | 1615 SW 2 AVENUE                         | Address         | 5307 NW 93RD AVE.        |            |
| City-State-Zip:               | FT. LAUDERDALE FL 33315                  | City-State-Zip: | SUNRISE FL 33351         |            |

Certificate of Status Desired: No

FILED Dec 13, 2021 Secretary of State 4627402042CC

Date