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: MELISSA ORTS

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 15436 SW 17TH ST MIAMI, FL 33185

Entity Name: PRESTIGE PERMITS LLC

DOCUMENT# L14000071313

## **Current Mailing Address:**

15436 SW 17TH ST MIAMI, FL 33185 US

# FEI Number: 41-1614576

### Name and Address of Current Registered Agent:

ORTS, MELISSA 15436 SW 17TH ST MIAMI, FL 33185 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	: MELISSA ORTS			04/30/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	ORTS, MELISSA	Name	ORTS, OSCAR	
Address	PO BOX 650482	Address	PO BOX 650482	
City-State-Zip:	MIAMI FL 33265	City-State-Zip:	MIAMI FL 33265	

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### FILED Apr 30, 2019 Secretary of State 2406860564CC

Certificate of Status Desired: No

Date

04/30/2019

MGR