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: JAIME BAZZANI

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L14000116191 Entity Name: POMPANO APARTAMENTO PEQUENO, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

2620 SE 2ND STREET POMPANO BEACH, FL 33062

Current Mailing Address:

2620 SE 2ND STREET POMPANO BEACH. FL 33062

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

ADACHE, MONICA 2620 SE 2ND SREET POMPANO BEACH, FL 33062 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	MGR
Name	BAZZANI, JAIME TRUSTEE	Name	MARTINEZ, ALICIA TRUSTEE
Address	2620 SE 2ND STREET	Address	2620 SE 2ND STREET
City-State-Zip:	POMPANO BEACH FL 33062	City-State-Zip:	POMPANO BEACH FL 33062

hat the information indicated on this report or supplemental report is true and accurate and that my electronic signature s	sha

MANAGER

02/17/2017 Date

FILED Feb 17, 2017 Secretary of State CC4890398830

Certificate of Status Desired: No

Date