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: LORENA RUIZ

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT	
DOCUMENT# L14000156470	
	500

Entity Name: P.A.S.S. OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

18600 NW 87TH AVE UNIT 114 MIAMI, FL 33015

Current Mailing Address:

18600 NW 87TH AVE **UNIT 114** MIAMI, FL 33015 US

FEI Number: 38-3942434

Name and Address of Current Registered Agent:

CALDERARO, SANDRA R 6301 NW 5TH WAY SUITE 2000 FORT LAUDERDALE, FL 33309 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:

Auth

Title	MGR	Title	MGR	
Name	RUIZ, LORENA A	Name	JIMENEZ, CARLOS EDUARDO	
Address	URB.VILLA ANDREA CALLE 2 CASA 16	Address	18796 SW 27 CT	
City-State-Zip:	GUANARE PO XXXX	City-State-Zip:	MIRAMAR FL 33029	

	Electronic Signature of Registered Agent				
horized Person(s) Detail :					
	MGR	Title	MGR		
ne	RUIZ, LORENA A	Name	JIMENEZ, CARLOS EDUARDO		
ress	URB.VILLA ANDREA CALLE 2 CASA 16	Address	18796 SW 27 CT		

FILED Apr 26, 2016

Certificate of Status Desired: No

Secretary of State CC2973390761

04/26/2016

Date

Date