Current Prir 600 NE 119 ST BISCAYNE PAR			CC5992	406618
Current Mai	ling Address:			
600 NE 119 BISCAYNE I	ST PARK, FL 33161 US			
FEI Number: 30-0853651 Certificate of Status			Certificate of Status Desi	i red: No
Name and A	Address of Current Registered Agent:			
MARTINS FER	REIRA, SONIA REGINA			
600 NE 119 ST BISCAYNE PAI	RK, FL 33161 US			
BISCAYNE PAI	RK, FL 33161 US d entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Flo	rida.
BISCAYNE PAI		gistered office or regis	tered agent, or both, in the State of Flo	rida. 05/09/2018
BISCAYNE PAI	d entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Flo	
BISCAYNE PAI The above named SIGNATURE	d entity submits this statement for the purpose of changing its re-	gistered office or regis	tered agent, or both, in the State of Flo	05/09/2018
BISCAYNE PAI The above named SIGNATURE	d entity submits this statement for the purpose of changing its reg SONIA REGINA MARTINS FERREIRA Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of Flo	05/09/2018
BISCAYNE PAI The above named SIGNATURE Authorized	d entity submits this statement for the purpose of changing its re- E: SONIA REGINA MARTINS FERREIRA Electronic Signature of Registered Agent Person(s) Detail :			05/09/2018 Date
BISCAYNE PAI The above named SIGNATURE Authorized Title	d entity submits this statement for the purpose of changing its reg SONIA REGINA MARTINS FERREIRA Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title	AMBR	05/09/2018 Date

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000177427

Entity Name: MF 600 LLC

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: SONIA REGINA MARTINS FERREIRA

OWNER

05/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 09, 2018 Secretary of State CC5992406618