Current Mai	iling Address:			
201 SOUTH MIAMI, FL	I BISCAYNE BLVD STE 1380 33131			
FEI Number	r: 47-2727963		Certificate of Status Des	ired: No
Name and A	Address of Current Registered Ager	it:		
SREBNICK, SC				
1380				
MIAMI, FL 331		nging its registered office or regis	tered agent, or both, in the State of Flo	orida.
1380 MIAMI, FL 331 <i>The above name</i>	131 US	nging its registered office or regis	tered agent, or both, in the State of Flo	orida. 02/02/202
1380 MIAMI, FL 331 The above name	131 US ed entity submits this statement for the purpose of char	nging its registered office or regis	tered agent, or both, in the State of Flo	
1380 MIAMI, FL 331 The above name SIGNATURE	131 US         ed entity submits this statement for the purpose of char         E:       SCOTT SREBNICK	nging its registered office or regis	tered agent, or both, in the State of Flo	02/02/202
1380 MIAMI, FL 331 The above name SIGNATURE	<ul> <li>I31 US</li> <li>ad entity submits this statement for the purpose of char</li> <li>E: SCOTT SREBNICK</li> <li>Electronic Signature of Registered Agent</li> </ul>	nging its registered office or regis	tered agent, or both, in the State of Flo	02/02/202
1380 MIAMI, FL 331 <i>The above name</i> SIGNATURI Authorized	<ul> <li>I31 US</li> <li>ed entity submits this statement for the purpose of chain</li> <li>E: SCOTT SREBNICK</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> </ul>			02/02/202
1380 MIAMI, FL 331 <i>The above name</i> SIGNATURE Authorized Title	<ul> <li>I31 US</li> <li>ad entity submits this statement for the purpose of charged entity submits this statement for the purpose of charged Entity Second Second</li></ul>	Title	MANAGER	02/02/202

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: ROBERT SENTZ

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

02/02/2021 Date

## FILED Feb 02, 2021 **Secretary of State** 5201903797CC

DOCUMENT# L14000196242

Entity Name: SORO DORAL, LLC

**Current Principal Place of Business:** 201 SOUTH BISCAYNE BLVD STE 1380