that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CRISTOBAL AGUIRRE

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

Entity Name: 2465 SW 18TH AVE 3104 LLC

1111CRANDON BLVD B903 KEY BISCAYNE, FL 33149

Current Mailing Address:

DOCUMENT# L15000076529

PO BOX 490717 KEY BISCAYNE, FL 33149

FEI Number: 47-3871048

Name and Address of Current Registered Agent:

AGUIRRE, CRISTOBAL L 1111 CRANDON BLVD B903 KEY BISCAYNE, FL 33149 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

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

MGR	Title	AMBR
AGUIRRE, CRISTOBAL L	Name	CRISTOBAL AGUIRRE REV TRUST
1111 CRANDON BLVD B903	Address	1111 CRANDON BLVD B903
KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149
	AGUIRRE, CRISTOBAL L	AGUIRRE, CRISTOBAL L Name 1111 CRANDON BLVD B903 Address

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

OWNER/MANAGER

01/10/2018

Date

Certificate of Status Desired: Yes

Date