# 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.

MANAGER

SIGNATURE: AFIF CHANOUHA

Electronic Signature of Signing Authorized Person(s) Detail

#### DOCUMENT# L15000112400

Entity Name: 7513 HIGH PINES, LLC

#### **Current Principal Place of Business:**

6405 NW 36 STREET 213 MIAMI, FL 33166

## **Current Mailing Address:**

6405 NW 36 STREET 213 MIAMI, FL 33166 US

## FEI Number: 47-5120292

## Name and Address of Current Registered Agent:

CHANOUHA, AFIF 6405 NW 36 STREET 213 MIAMI, FL 33166 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: AFIF CHANOUHA

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

TitleMGRNameCHANOUHA, AFIFAddress6405 NW 36 STREET, SUITE 213

City-State-Zip: MIAMI FL 33166

FILED Jan 10, 2018 Secretary of State CC5502874034

Certificate of Status Desired: No

01/10/2018 Date

01/10/2018 Date