FEI NUMDER: 47-4476258		Certificate of Status Desired: No	
Name and Address of Current Registered Agent:			
STREET			
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.			
E: MOSES NAE			09/30/2016
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MGR	Title	AMBR	
CARRANZA, GINA	Name	QUEVEDO ESPIN, HECTOR S	
6507 OCEAN DR	Address	6507 OCEAN DR	
MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063	
	Address of Current Registered Agent: * & MANAGEMENT INC D STREET FL 33161 US d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist d entity submits this statement for the purpose of changing its regist entity submits this statement for the purpose of changing its regist entity submits this statement for the purpose of changing its regist entity submits this statement for the purpose of changing its regist entity submits this statement for the purpose of changing its regist entity submits the purp	Address of Current Registered Agent: & MANAGEMENT INC O STREET FL 33161 US d entity submits this statement for the purpose of changing its registered office or registered office or registered in the purpose of changing its registered office or registered office or registered agent Electronic Signature of Registered Agent Person(s) Detail : MGR Title CARRANZA, GINA Name 6507 OCEAN DR Address	Address of Current Registered Agent: & MANAGEMENT INC O STREET FL 33161 US d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floe E MOSES NAE Electronic Signature of Registered Agent Person(s) Detail : MGR Title CARRANZA, GINA Name QUEVEDO ESPIN, HECTOR S 6507 OCEAN DR Address

Current Mailing Address:

6507 OCEAN DR MARGATE, FL 33063

DOCUMENT# L15000114418

Entity Name: MIRACLE GARDEN LLC

Current Principal Place of Business:

6507 OCEAN DR MARGATE, FL 33063 US

FEI Number: 47-4476258

N

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: GINA CARRANZA

MGR

09/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

FILED Sep 30, 2016 **Secretary of State** CR2055009796

Cartificate of Status Desired, No.

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Date