#### 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. AMBR

SIGNATURE: CHERRY MARSHALL

Electronic Signature of Signing Authorized Person(s) Detail

#### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	MARSHALL, CHERRY	Name	GREGORY, MELONY
Address	6289 W. SUNRISE BLVD.	Address	6289 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33313	City-State-Zip:	PLANTATION FL 33313

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.

2016	<b>FLORIDA LIMITED</b>	LIABILITY COM	MPANY ANNUAL	REPORT

DOCUMENT# L15000154650

Entity Name: MARSHALL & GREGORY V, LLC

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

7301 PINES BLVD. PEMBROKE PINES. FL 33024

# **Current Mailing Address:**

6289 W. SUNRISE BLVD. **SUITE 119** PLANTATION, FL 33313

# FEI Number: 47-5074869

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MARSHALL, CHERRY 6289 W SUNRISE BLVD. SUITE 119 PLANTATION, FL 33313 US

SIGNATURE:

Certificate of Status Desired: No

Date

04/01/2016