# 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

### SIGNATURE: ALAN TAUBER

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000212741

Entity Name: 7311 BYRON ASSOCIATES, LLC

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

7311 BRYON AVE MIAMI BEACH, FL 33141

#### **Current Mailing Address:**

C/O: URBAN RESOURCE PO BOX 415700 MIAMI BEACH, FL 33141 US

## FEI Number: 81-0964558

### Name and Address of Current Registered Agent:

URBAN REOSURCE ATTN: DANIEL VEITIA 1193 71ST STREET MIAMI BEACH, FL 33141 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	E: DANIEL VEITIA			03/08/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	TAUBER, ALAN	Name	SILBERFARB, PAUL	
Address	26 WEST 85TH STREET, STE 1	Address	290 DEVON ROAD	
City-State-Zip:	NEW YORK NY 10024	City-State-Zip:	TENAFLY NJ 07670	
Title	AMBR			
Name	SILBERFARB, FLORENCE			
Address	290 DEVON ROAD			
City-State-Zip:	TENAFLY NJ 07670			

that my name appears above, or on an attachment with all other like empowered. 03/08/2016 AMBR

## Certificate of Status Desired: No

Date

# FILED Mar 08, 2016 Secretary of State CC3924366683