2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000013855

Entity Name: M19 FUND LLC

Current Principal Place of Business:

ONE WEST LAS OLAS BLVD SUITE 500 FORT LAUDERDALE, FL 33301

Current Mailing Address:

ONE WEST LAS OLAS BLVD SUITE 500 FORT LAUDERDALE, FL 33301 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

KOPELOWITZ, BRIAN R ESQUIRE ONE WEST LAS OLAS BOULEVARD SUITE 500 FORT LAUDERDALE, FL 33301 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				04/09/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MANAGER	
Name	MME CAPITAL MANAGEMENT, LLC	Name	OHAYON, MICHEL	
Address	ONE WEST LAS OLAS BLVD	Address	16699 COLLINS AVE #4002	
	UITE 500 City-State-Zip:	SUNNY ISLES FL 33160		
City-State-Zip:	FORT LAUDERDALE FL 33301	, , , , , , , , , , , , , , , , , , ,		
Title	MANAGER			
Name	FOLEY, LISA			
Address	212 CAPTAIN EAMES CIRCLE			
City-State-Zip:	ASHLAND FL 01721			

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: ERIC FINKELBERG

MANAGER

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No