that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID CUMMINGS

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:

Authorized Person(s) Detail : Titl Na Ac Ci

DOCUMENT# L16000090930

Entity Name: 93 LONGVIEW, L.L.C.

Current Principal Place of Business:

93 LONGVIEW WAY N. PALM COAST. FL 32137

Current Mailing Address:

93 LONGVIEW WAY N. PALM COAST, FL 32137

FEI Number: 81-2869116

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

CUMMINGS, DAVID R 93 LONGVIEW WAY N. PALM COAST, FL 32137 US

Fitle	AMBR, DC LONGHORN HOLDINGS LIMITED PARTNERSHIP CUMMINGS, DAVID	Title	AUTHORIZED MEMBER
		Name	CANNON, CHERYL
Name		Address City-State-Zip:	93 LONGVIEW WAY N. PALM COAST FL 32137
Address	93 LONGVIEW WAY N.		
Sity-State-Zip:	PALM COAST FL 32137		

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

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 01, 2017 Secretary of State CC8508932437

Certificate of Status Desired: Yes

Date

03/01/2017

AMBR, DC LONGHORN HOLDINGS LIMITED PARTNERSHIP

Date