

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000111604

Entity Name: DISCRIBE, LLC

Current Principal Place of Business:

1500 NW 93 ST
MIAMI, FL 33147

Current Mailing Address:

17113 MIRAMAR PARKWAY #103
MIRAMAR, FL 33027 US

FEI Number: 81-2910406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRACEAID LLC
5244 SW 159TH AVENUE
MIRAMAR, FL 33027 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ROBINSON, CONSWELLA S
Address 1500 NW 93 ST
City-State-Zip: MIAMI FL 33027

Title AMBR
Name IKPATT, OFFIONG
Address 5244 SW 159TH AVENUE
City-State-Zip: MIRAMAR FL 33027

Title AUTHORIZED MEMBER
Name IKPATT, DANIEL MFONOBONG
Address 17113 MIRAMAR PARKWAY #103
City-State-Zip: MIRAMAR FL 33027

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: OFFIONG IKPATT

DIRECTOR

04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date