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. 04/08/2019

MGR

SIGNATURE: JASON LEVINE

Entity Name: STRETCH CORAL GABLES LLC **Current Principal Place of Business:**

2100 PONCE DE LEON BLVD CORAL GABLES. FL 33134

DOCUMENT# L16000142882

Current Mailing Address:

14465 SOUTH DIXIE HIGHWAY PALMETTO BAY. FL 33176 US

FEI Number: 81-3471625

Name and Address of Current Registered Agent:

LEVINE, JEREMY 8124 GERBERA DRIVE #5102 NAPLES, FL 34113 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

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGR	Title	MGR				
Name	LEVINE, JASON M	Name	GORMAN, JOSEPH M				
Address	14465 SOUTH DIXIE HIGHWAY	Address	14465 SOUTH DIXIE HIGHWAY				
City-State-Zip:	PALMETTO BAY FL 33176	City-State-Zip:	PALMETTO BAY FL 33176				

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date