| 10171 PINES B | LVD. | | | |
|--|--|-----------------|----------------------|-------------------|
| PEMBROKE PI | NES, FL 33026 | | | |
| Current Mai | ling Address: | | | |
| 10171 PINES PEMBROKE | S BLVD. PINES, FL 33026 US | | | |
| FEI Number: 81-3968067 Certificate of Status De | | | | i red : No |
| Name and Address of Current Registered Agent: | | | | |
| RAMOS, RAMOS & COMPANY 10171 PINES BLVD. PEMBROKE PINES, FL 33026 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: GABRIEL RAMOS MBA | | | | 01/29/2020 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | PRESIDENT, SECRETARY | Title | VP, TREASURER | |
| Name | ESCOBAR PAZMINO, CESAR I | Name | PEREZ MACHADO, EDGAR | |
| Address | 10348 NW 76 TERR | Address | 10348 NW 76 TERR | |
| City-State-Zip: | DORAL FL 33178 | City-State-Zip: | DORAL FL 33178 | |

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000178199

Entity Name: SANTA BARBARA BM LLC

Current Principal Place of Business:

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: CESAR I ESCOBAR PAZMINO

PRESIDENT

01/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date