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: CHERYL ERICKSON

Electronic Signature of Signing Authorized Person(s) Detail

ITON L 33435 City-State-Zip: 30 I Or 4CF 33435 :ACH

Authorized Person(s) Detail ·

Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	ERICKSON, CHERYL	Name	ERICKSON, KARL	
Address	765 RIDER ROAD	Address	765 RIDER ROAD	
City-State-Zip:	BOYNTON BEACH FL 33435	City-State-Zip:	BOYNTON BEACH FL 33435	

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.

756 RIDER ROAD BOYNTON BEACH. FL 33435 US

FEI Number: 81-4142580

BOYNTON BEACH, FL 33435

Current Mailing Address:

DOCUMENT# L16000183610

756 RIDER ROAD

SIGNATURE:

Entity Name: 417 NE 2ND STREET, LLC

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

CORBIN & ASSOCIATES, P.A. 238 NE 1ST AVE DELRAY BEACH, FL 33444 US

Date

Certificate of Status Desired: No

AUTHORIZED MEMBER

04/21/2020 Date