## Current Principal Place of Business:

2600 S DOUGLAS RD SUITE 501
CORAL GABLES, FL 33134

## Current Mailing Address:

2600 S DOUGLAS RD SUITE 501
CORAL GABLES, FL 33134 US

## FEI Number: APPLIED FOR

## Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MOLIERI, ALEJANDRO
2600 S DOUGLAS RD SUITE 501
CORAL GABLES, FL 33134 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

## Authorized Person(s) Detail :

| Title | MGR | Title | MGR |
| :--- | :--- | :--- | :--- |
| Name | ALZAMORA, YOHANNA | Name | ALZAMORA, MICHELLE |
| Address | 2600 S DOUGLAS RD SUITE 501 | Address | 2600 S DOUGLAS RD SUITE 501 |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 |
| Title | MGR | Title | MGR |
| Name | ALZAMORA, JULIANA | Name | ALZAMORA, MANUEL |
| Address | 2600 S DOUGLAS RD SUITE 501 | Address | 2600 S DOUGLAS RD SUITE 501 |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 |
| Title | MGR | Title | MGR |
| Name | ALZAMORA, JAQUELINE | Name | ARMELLA, JAQUELINE |
| Address | 2600 S DOUGLAS RD SUITE 501 | Address | 2600 S DOUGLAS RD SUITE 501 |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 |

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[^0]:    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.

