| PARKLAND, | FL 33067 US | | | | |
|--|--|-----------------|------------------------------------|-----------|--|
| FEI Number: NOT APPLICABLE | | | Certificate of Status Desire | d: No | |
| Name and A | ddress of Current Registered Agent: | | | | |
| LERMAN AND LERMAN PA 48 EAST FLAGLER STREET PH 101 MIAMI, FL 33131 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: JORGE LERMAN | | | C | 3/09/2021 | |
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | |
| Title | MGR | Title | MGR | | |
| Name | MAXIM M. MACHAT REVOCABLE TRUST | Name | CARIN L. MACHAT REVOCABLE TRUST | | |
| Address | 6967 NORTHWEST 65TH TERRACE | Address | 6967 NORTHWEST 65TH TERRACE | | |
| City-State-Zip: | PARKLAND FL 33067 | City-State-Zip: | PARKLAND FL 33067 | | |

Current Mailing Address:

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

6967 NORTHWEST 65TH TERRACE Ρ

Entity Name: SUMMERLAND BREEZE LLC

Current Principal Place of Business:

I

DOCUMENT# L19000048041

SUMMERLAND KEY, FL 33042

954 FLAGSHIP DRIVE

I

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: MAX MACHAT | MGR |
|-----------------------|-----|
| | |

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 09, 2021 **Secretary of State** 1535838024CC

Date

03/09/2021