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.

MANAGER

SIGNATURE: NOHUM LABKOWSKI

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR	Title	MEMB
Name	VOMED LLC	Name	BRITE LLC
Address	19380 COLLINS AVE APT 1722	Address	9525 BYRON AVE
City-State-Zip:	SUNNY ISLES FL 33160	City-State-Zip:	SURFSIDE FL 33154

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000113785

Entity Name: 1816 TAFT LLC *** SEE NOTE ****

Current Principal Place of Business:

1816 TAFT ST HOLLYWOOD. FL 33020

Current Mailing Address:

19380 COLLINS AVE 1722 SUNNY ISLES, FL 33160 US

FEI Number: 84-1865303

Name and Address of Current Registered Agent:

LABKOWSKI, NOHUM 19380 COLLINS AVE 1722 SUNNY ISLES, FL 33160 US

SIGNATURE:

Electronic Signature of Registered Agent

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.

Authorized Person(s) Detail :

ïtle	MGR	Title	MEMB
lame	VOMED LLC	Name	BRITE LLC
ddress	19380 COLLINS AVE APT 1722	Address	9525 BYRON AVE
ity-State-Zip:	SUNNY ISLES FL 33160	City-State-Zip:	SURFSIDE FL 3315

FILED Feb 14, 2020 Secretary of State 6889604930CC

Certificate of Status Desired: No

02/14/2020

Date