| FEI NUIIIDEI. 04-2030900 | | | Certificate of Status Desired: NO | | |
|--|---|--|-----------------------------------|-----------------------|------------|
| Name and Address of Current Registered Agent: | | | | | |
| | CATHERINE H 1001 MANATI A CORAL GABLE | | | | |
| 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 | CATHERINE H. LORIE | | | 03/07/2023 |
| | | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | | |
| | Title | MGR | Title | MGR | |
| | Name | HIBSHMAN, EDWARD | Name | LORIE, CATHERINE H | |
| | Address | 1000 N.W. NORTH RIVER DRIVE #111 | Address | 1001 MANATI AVENUE | |
| | City-State-Zip: | MIAMI FL 33136 | City-State-Zip: | CORAL GABLES FL 33146 | |
| | Title | MANAGER | | | |
| | Name | LORIE, RAFAEL T | | | |
| | Address | 1001 MANATI AVENUE | | | |
| | City-State-Zip: | CORAL GABLES FL 33146 | | | |
| | | | | | |

Current Mailing Address:

1001 MANATI AVENUE MIAMI, FL 33146 US

FEI Number: 84-2656906

N

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: CATHERINE H. LORIE

MANAGER

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000132626

Entity Name: SFR CAPITAL LLC

Current Principal Place of Business:

1001 MANATI AVENUE CORAL GABLES, FL 33146

FILED Mar 07, 2023 **Secretary of State** 0553163526CC

Certificate of Status Desired: No