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

SIGNATURE: AMAURYS VALDEZ

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 3960SOUTHPOINTE508, LLC Current Principal Place of Business:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

3960 SOUTH POINTE DR 508 ORLANDO, FL 32822

Current Mailing Address:

DOCUMENT# L19000161847

474 48TH AVE 33G LONG ISLAND CITY, NY 11109 US

FEI Number: 84-4289017

Name and Address of Current Registered Agent:

VALDEZ, AMAURYS 3960 SOUTH POINTE DR ORLANDO, FL 32822 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	VALDEZ, AMAURYS	Name	ALTOBGY, REHAM
Address	474 48TH AVE 33G	Address	474 48TH AVE 33G
City-State-Zip:	LONG ISLAND CITY NY 11109	City-State-Zip:	LONG ISLAND CITY NY 11109

FILED Feb 10, 2022 Secretary of State 8323118324CC

Certificate of Status Desired: No

02/10/2022

Date

OWNER

02