| 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: RONALD MARINI

I

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 1530 STILLWATER DRIVE LLC

## **Current Principal Place of Business:**

700 BILTMORE WAY #C3 CORAL GABLES, FL 33134

## **Current Mailing Address:**

P.O. BOX 144097 CORAL GABLE, FL 33114 US

## FEI Number: 85-2093687

## Name and Address of Current Registered Agent:

MARINI & ASSOCIATES PA 8950 SW. 74TH COURT STE 1811 MIAMI, FL 33156 US

Certificate of Status Desired: No

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                     | RONALD MARINI                            |                 |                       | 05/15/2023 |  |
|-------------------------------|--|-----------------|-----------------------|------------|--|
|                               | Electronic Signature of Registered Agent |                 |                       | Date       |  |
| Authorized Person(s) Detail : |  |                 |                       |            |  |
| Title                         | MANAGER                                  | Title           | SECRETARY             |            |  |
| Name                          | SEMELI, INC                              | Name            | LLUY, PERLA           |            |  |
| Address                       | 700 BILTMORE WAY                         | Address         | P.O. BOX 144097       |            |  |
| City-State-Zip:               | #C3<br>CORAL GABLE FL 33134              | City-State-Zip: | CORAL GABLE FL 33114  |            |  |
| Title                         | TREASURER                                | Title           | MANAGER               |            |  |
|                               |  | Name            | KASAPI, LILY          |            |  |
| Name                          | DIAZ, STEPHANIE                          | Address         | 700 BILTMORE WAY      |            |  |
| Address                       | PO BOX 144097                            | #C3             | #C3                   |            |  |
| City-State-Zip:               | CORAL GABLES FL 33114                    | City-State-Zip: | CORAL GABLES FL 33134 |            |  |

Date

05/15/2023