DOCUMENT# L21000297231

Entity Name: BAY 41 TRAILER PARK, LLC

## Current Principal Place of Business:

330 N.W. 135TH AVENUE MIAMI, FL 33182

## **Current Mailing Address:**

330 N.W. 135TH AVENUE MIAMI, FL 33182 US

## FEI Number: 87-1551538

## Name and Address of Current Registered Agent:

MICHELLE PARLADE COREY, ESQ. 7050 S.W. 86TH AVENUE MIAMI, FL 33143 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                     | E: MICHELLE PARLADE COREY ESQ            |                 |                    | 10/03/2022 |
|-------------------------------|------------------------------------------|-----------------|--------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                    | Date       |
| Authorized Person(s) Detail : |                                          |                 |                    |            |
| Title                         | MGR                                      | Title           | MGR                |            |
| Name                          | ANIURKA FLORES                           | Name            | AMAURY LUZARDO     |            |
| Address                       | 330 N.W. 135TH AVENUE                    | Address         | 4701 CORK ROAD     |            |
| City-State-Zip:               | MIAMI FL 33182                           | City-State-Zip: | PLAN CITY FL 33565 |            |
| Title                         | MGR                                      |                 |                    |            |
| Name                          | ALEJANDRO LUZARDO                        |                 |                    |            |
| Address                       | 230 N.W. 136TH AVENUE                    |                 |                    |            |
| City-State-Zip:               | MIAMI FL 33182                           |                 |                    |            |
|                               |                                          |                 |                    |            |

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: ANIURKA FLORES

PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

FILED Oct 03, 2022 Secretary of State 9799987418CR

Certificate of Status Desired: No

Date