DOCUMENT # L0000005678  1. Entity Name EIRE DENVER FLORIDA L.L.C.						FILED			
EINE DENVER I CORIDA E.E.O.					<b>,</b> ( -1.1.2 -1.1.1				
Principal Place of Business Mailing Address					-	OIFEB 23 PM 1:49			
BOCA RATON	A RATON BLVD. SUITE 100 FL 33431	BOCA RATON FL 33431	2840 NW BOCA RATON BLVD. SUITE 100 BOCA RATON FL 33431			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	,								
2. Principal Place of Business		3. Mailing Address			<b>-</b>		9 11 1 8 9 11 1 <b>9 9 1 9 1 1 1 3 9 1</b> 1 1 1	110011191111	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 45 - 100 8 1 3 3 Applied For Not Applicable					
Zip 	Country	Zip Cou		try	5. Certificate of Status Desired				
	6. Name and Address of Current F	legistered Agent		Name (	7. Name a	and Address of New Regis	stered Agent		
GRANET, LLOYD ESQ					(P.O. Box Nur	nber is Not Acceptable)	, Irc,		
SUITE 100 WEST					411-1	12 - 10 - 1	411 5	1. 1 . 1	
BOCA RAT	TON FL 33431			City Para	NW boca Ration Blud. Ste 101 Roton FL Zip Gode 431				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, by both, in the State of Florida.									
SIGNATURE Sp. Have 4 Company Felix: by Mark D. Sp. Have Special Town of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$50.00									
		Make Check Pa	yable to	Department o	of State				
9.	MANAGING MEMBE		10.			ADDITIONS/CH.	· · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS	EIRE DENVER SPE, INC. 2840 NW BOCA RATON BLVD., SUITE 104 BOCA RATON FL 33431			1			☐ Change	Addition A	
TITLE	•	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	2065 NW Even Kinton Blud Suite 101  7060 Automore 33431			ET ADDRESS ST-ZIP	. 1	API # 11 #.	69216 <sup>.</sup> 101020 .00 ******	<b>1</b>   004 50::00	
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CITY-ST-ZIP				ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date									