FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # L0000007487 BANYAN SQUARE, LLC 05-22-2002 90231 008 ****50.00 Principal Place of Business Mailing Address ATTN: BERNARDO BATIEVSKY ATTN: BERNARDO BATIEVSKY 19495 BISCAYNE BLVD SUITE 600 19495 BISCAYNE BLVD SUITE 600 **AVENTURA FL 33180 AVENTURA FL 33180** 966592 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1025609 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATTEVSKY, HENRY Street Address (P.O. Box Number is Not Acceptable) 19495 BISCAYNE BLVD., STE. 600 **AVENTURA FL 33180** City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BATIEVSKY, BERNARDO NAME STREET ADDRESS 19495 BISCAYNE BLVD., STE. 600 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition NAME BATIEVSKY, MARK NAME STREET ADDRESS 19495 BISCAYNE BLVD., STE. 600 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP MGRM TITLE Delete TITL F ☐ Change ☐ Addition NAME BATIEVSKY, HENRY NAME STREET ADDRESS 19495 BISCAYNE BLVD., STE. 600 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180**

CITY-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.

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SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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