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DOCUMENT # L0000010639  1. Entity Name								01 APR -2 AM 9: 50				
1919 ST. CLAUDE AVENUE, L.L.C.								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business C/O RICHARD A. FRIEND. ESO. 5975 SUNSET OR SUITE 802 SOUTH MIAMI FL 33143				Mailing Address C/O RICHARD A. FRIEND. ESO. 5975 SUNSET DR SUITE 802 SOUTH MIAMI FL 33143								
2. Principal Place of Business 3.				3. Mailing Address				) (BB/FB/L B/L BB/L) FB/L BB/L BB/L			it	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State				Number		- <del></del>	pplied For	
Zip Country			Zip Cour			try		5. Certificate of Status Desired   \$5.00 Additional Fee Required			lditional	.
	6. Name	and Address of Current F	legiste	ered Agent	<u> </u>	·=		e and Address of New F			<del></del>	$\dashv$
						Name			3.0.0.0.0	-		7
FRIEND, RICHARD A ESQ 5975 SUNSET DR						Street Add	ress (P.O. Box N	Number is Not Acceptable	<del>)</del> )			-
SUITE 80	02									<del></del>		┥
SOUTH MIAMI FL 33143						City			FL	Zip Cod	de	$\dashv$
R The above	e named entity	submits this statement for	the nu	rpose of changing its	rogietoro	d office or re-	nistored egent	or both in the State of Ele		<u> </u>		_
SIGNATURE	Signature, typed o	r printed name of registered agent an	d title if a	applicable. (NOTI	E: Registered	Agent signature re	equired when reinstat	ing)	DATE			
				FILE No Make Check Pa		FEE IS \$50 Departme				•		
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CITY-ST-ZIP	MIRAL	FL, 33181		<del> </del>	CITY-	ST-ZIP	<u></u>			***		_
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TREET ANDRESS ITY-ST <sub>y</sub> zip					STREE CITY-	T ADDRESS ST-ZIP			_	- 42		
mulcaled	on this report	nformation supplied with the strue and accurate and the or the receive yor trustee of	at mv	signature snall have ti	he same :	legal effect as	s it made under	' oath' that I am a manag	further certifying member o	that the ir	nformation of the	
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