FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2002 8:00 am Secretary of State DOCUMENT # L0000015317 05-22-2002 90257 001 ***150.00 234 WEST FLAGLER HOLDINGS, L.L.C. Principal Place of Business Mailing Address 224 WEST FLAGLER STREET 224 WEST FLAGLER STREET 99977 MIAMI FL 33130 MIAMJ FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite; Apt: #, etc. City & State Applied For City & State 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 Name `HANNON, JAMES ESQ. Street Address (P.O. Box Number is Not Acceptable) . 224 WEST FLAGLER STREET MIAMI FL 33130 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. (4/02) TITLE MGR TITLE ☐ Change ☐ Delete G&S DEVELOPMENT CORP. NAME NAME STREET ADDRESS STREET ADDRESS 224 WEST FLAGLER STREET AS AS STATE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

09/13/02 (3U5)371-2129 Date Daytime Phone #

☐ Change

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