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1590 N.E. 118TH STREET, LLC Principal Place of Business Mailing Address 6301 COLLINS AVE. 6301 COLLINS AVE. **SUITE 1805** SUITE 1805 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address <u>3550</u> BISCAYNE BLUD BISCAYNE BLYD Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES #402 4405 City & State 4. FEI Number Applied For MIAMI **PLORIDA** 37-142296z Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SINGER, JESSE T 2699 S. BAYSHORE DRIVE MIAMI FL 33133 Zip Code **3303**4 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MEMBER TITLE ☐ Delete TITLE Change MELTZER, AN DREW MELTZER ANDREW NAME NAME BLUB # 402 上402 3550 BISCAYNE 3550 BISCAYNE BLUD STREET ADDRESS STREET ADDRESS MIAMILAL 33131 CITY-ST-ZIP CITY-ST-ZIP <u> 18166 Ja, imam</u> MEMBER DEMBEP Change -TITLE □ Defete TITLE KERZNER PAUL BLYD KERZNER PAUL NAME NAME **\$407** BLUD # 407 3550 BISCHYNE STREET ADDRESS STREET ADDRESS CiTY-ST-7(F MIAMI CITY-ST-ZIP MIAMI, AL PL 33137 MEMBER member Change To Addition TITLE □ Delete TITLE MEUTZER, LOUIS 3550 BISCAYNE MELTZER, LOUIS NAME NAME BISCATNE BLVD 歩70亿 STREET ADDRESS STREET ADDRESS MIAMILIAL M1441 CITY-ST-ZIP CITY-ST-ZIE MEMBER MEMBER Addition TITLE ☐ Delete TITLE ☐ Change BARBAGALLO, GREG 3550 DISCAYNE BLUD # GREGG BARBAGALLO. NAME NAME #40Z BISCAYNE BLYD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME 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 of trustee environments are contained by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME F SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

<u>305 573 -1577</u>