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L02000031834

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR -3 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000031834

1. Entity Name
MYSTIC FOREST INVESTMENTS II, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9240 SW 72 ST	9240 SW 72 ST
Suite, Apt. #, etc. #216	Suite, Apt. #, etc. #216
City & State MIAMI	City & State MIAMI
Zip FLORIDA / Country DADE	Zip 33173 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1643831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THOMAS G SHERMAN, ESQ P.A.

Street Address (P.O. Box Number is Not Acceptable): 218 ALMERIA AVE

City: CORAL GABLES, FL **FL** Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANTONIO A SARMIENTO, MGR MARANT, INC 9240 SW 72ND ST, SUITE 216 MIAMI, FLORIDA 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JORGE REDONDO, MGR HACIENDA LOS ANGELES, MGR 680 NE 105 LANE ANTHONY, FLORIDA
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CR2E083B (12/02)

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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SIGNATURE _____ ANTONIO A SARMIENTO, MGR 1/14/03 588-6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #