

U16000078349

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.  
Account Number : I19990000022  
Phone : (305) 666-0024  
Fax Number : (305) 666-0028

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: usrag@hcapa.com

25 MAY 31 PM 3:10

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
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16 MAY 31 AM 7:01  
DIVISION OF STATE  
REGISTRATION  
TALLAHASSEE, FLORIDA

JUN 01 2016

J SHIVERS

5/31/2016 2:56 PM

May-31-2016 03:01 PM J L Hofmann & Associates, PA 3056660028

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                 | <u>Type of Action</u>                   |
|--------------|-------------------|--------------------------------|---|
| AMBR         | Frederick Hibbert | 420 S. Dixie Highway, Suite 4B | <input checked="" type="checkbox"/> Add |
|              |                   | Coral Gables, FL 33146         | <input type="checkbox"/> Remove         |
|              |                   |                                | <input type="checkbox"/> Change         |
| AMBR         | Doreen Hibbert    | 420 S. Dixie Highway, Suite 4B | <input checked="" type="checkbox"/> Add |
|              |                   | Coral Gables, FL 33146         | <input type="checkbox"/> Remove         |
|              |                   |                                | <input type="checkbox"/> Change         |
|              |                   |                                | <input type="checkbox"/> Add            |
|              |                   |                                | <input type="checkbox"/> Remove         |
|              |                   |                                | <input type="checkbox"/> Change         |
|              |                   |                                | <input type="checkbox"/> Add            |
|              |                   |                                | <input type="checkbox"/> Remove         |
|              |                   |                                | <input type="checkbox"/> Change         |
|              |                   |                                | <input type="checkbox"/> Add            |
|              |                   |                                | <input type="checkbox"/> Remove         |
|              |                   |                                | <input type="checkbox"/> Change         |
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(b) The 90th day after the record is filed.

May 31, 2016

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**

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