2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

MAY 12 950328

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000950

Entity Name
PHOENIX WAY, LLC

5278 NW 114TH AVENUE, STE, 107
MIAMI, FL 33178

Principal Place of Business	Mailing Address
5278 NW 114TH AVE, STE 107 MIAMI, FL 33178	5278 NW 114TH AVE. STE. 107 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0789050 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
M ICHAEL FELDENKRAIS, PA 12000 BISCAYNE BLVD. SUITE-220 MIAMI, FL 33181	Name: JE OYARCE & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable): 199 SW 12TH AVENUE, SUITE 11 City: MIAMI **FL** Zip Code: 33130-1056

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.

JORGE E. OYARCE 4/19/00
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

MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
MGRM ☒ Delete MENDOZA, JORGE 5278 NW 114TH AVE, STE.107 MIAMI, FL 33178	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP MGRM ☐ Change ☒ Addition PARRA, CAROLINA P 5278 NW 114TH AVE, STE 107 MIAMI, FL 33178
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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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.

SIGNATURE: CAROLINA C. PARRA MGMR 4/19/00 305-324-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #