8. Name and Address of Current Registered Agent PHILIPS, DAVID ESQUIRE 940 LINCOLN ROAD, SUITE 319 MIAMI BEACH FL 33139 City FL 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. SIGNATURE 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/MANAGERS TITLE NAME LERNER, VICTOR A STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139	CE Applied Not App	olicable
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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 the 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 relimited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
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