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9/5/2006-90051-044-\$50.00-~~\$50.00~~

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:38

DOCUMENT # M05000005014

1. Entity Name
8530 CEDROS AVENUE, LLC

06 SEP 14 AM 10:

Principal Place of Business
16830 VENTURA BLVD., SUITE 100
ENCINO, CA 91436

Mailing Address
16830 VENTURA BLVD., SUITE 100
ENCINO, CA 91436

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

CE042005 Chg-LLC CH27083 (11/15)

4. FEI Number **20-3457371**

5. Certificate of Status Designation ☐ \$5.00 Additional Fee Required

Applied For (No. Application)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Accepted)

City

FL Zip Code

8. The above named entity certifies the statements on this document 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

Signature of current agent or registered agent, only one is required

Signature of registered agent, only one is required

Date

Filing Fee is \$50.00
Due by September 6, 2008

Make check payable to Florida Department of State

MANAGING MEMBERS/MANAGERS		ADDITIONAL MEMBERS	
☐ NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ DATE DATE NAME STREET ADDRESS CITY-STATE-ZIP	☐ NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ DATE DATE NAME STREET ADDRESS CITY-STATE-ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 319, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the signature shall not be a legal effect (as if none) under such that I am managing member or manager of the limited liability company or limited liability partnership to create this report as required by Chapter 306, Florida Statutes.

SIGNATURE:

[Signature]

DATE: 8/14/06

PHONE: 818 907 0600

Statewide and Countywide names of the above named members/managers, an authorized officer, representative

State

County