

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.

Account Number : 076150002103 Phone : (305)444-0101 : (305)444-0174 Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 100 M OPERATOR LLC

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B. BOSTICK

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AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan Department of State is:1	y as it appears on the records of the Florida 00 M OPERATOR LLC
2. This entity was formed under the laws of	Delaware .
3. This entity was authorized to transact bus and its Florida document/registration numbe	siness in Florida on <u>07/20/2012</u> er is <u>M12000004110</u> .
4. The name and address of each manager of	or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	CARLOS PEREZ-TENORIO 1000 BRICKELL AVE SUITE 420 MIAMI, FL 33131
MGR_	JUAN GERVAS GARCIA-RAMOS 1000 BRICKELL AVE., SUITE 420 MIAMI, FL 33131
MGR_	JUAN MIGUEL PEREZ RODRIGUEZ 1000 BRICKELL AVE., SUITE 420 MIAMI, FL 33131
	2 0CT 2 4
	AM 8: 30
	Managing Member or Member Fee: \$25