I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALVARO SANCHEZ

Electronic Signature of Signing General Partner Detail

MANAGER

02/04/2016

2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0600001248

Entity Name: ADMCA SANCHEZ FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Current Principal Place of Business:

4890 SW 85 STREET MIAMI, FL 33143

Current Mailing Address:

4890 SW 85 STREET MIAMI, FL 33143

FEI Number: 20-5783792

Name and Address of Current Registered Agent:

SANCHEZ, CHRISTINE 4779 COLLINS AVE #2304 MIAMI BEACH, FL 33140 US

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:	CHRISTINE SANCHEZ			02/04/2016	
	Electronic Signature of Registered Agent			Date	
General Partner Detail :					
Document #		Document #			
Name S	SANCHEZ, ALVARO	Name	SANCHEZ, BLANCA		
Address 4	1890 SW 85 STREET	Address	4890 SW 85 STREET		

General Faither Detail.						
Document #		Document #				
Name	SANCHEZ, ALVARO	Name	SANCHEZ, BLANC			
Address	4890 SW 85 STREET	Address	4890 SW 85 STREE			
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143			

Certificate of Status Desired: No

FILED Feb 04, 2016 Secretary of State CC0045202183

Date