FEI Number: 59-1389459			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
COHEN, PETER 6800 NERVIA S CORAL GABLE				
The above named	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE: PETER COHEN				
SIGNATURE	E PETER COHEN			04/01/2020
SIGNATURE	Electronic Signature of Registered Agent			04/01/2020 Date
Officer/Direc	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	PRESIDENT, SECRETARY,	
Officer/Diree	Electronic Signature of Registered Agent		TREASURER, DIRECTOR	
Officer/Direc	Electronic Signature of Registered Agent	Name	TREASURER, DIRECTOR COHEN, PETER	
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent Ctor Detail : VP COHEN, LAWRENCE 6800 NERVIA STREET		TREASURER, DIRECTOR COHEN, PETER 6800 NERVIA STREET	

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER COHEN

PRESIDENT

04/01/2020

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 396042

Entity Name: LARO, INC. OF CORAL GABLES

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

6800 NERVIA STREET CORAL GABLES, FL 33146

## **Current Mailing Address:**

6800 NERVIA STREET CORAL GABLES. FL 33146

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FILED Apr 01, 2020 Secretary of State 9415310222CC

Date