

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000070405

**FILED  
Apr 28, 2016  
Secretary of State  
CC3497716146**

**Entity Name:** BISCAYNE NATURAL RESOURCES, LLC

**Current Principal Place of Business:**

4000 HOLLYWOOD BLVD  
SUITE 500 NORTH  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4000 HOLLYWOOD BLVD  
SUITE 500 NORTH  
HOLLYWOOD, FL 33021

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VOVA, PHILIP S  
4000 HOLLYWOOD BLVD  
SUITE 500 NORTH  
HOLLYWOOD, FL 33021 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name VOVA, PHILIP S  
Address 4000 HOLLYWOOD BLVD SUITE 500  
NORTH  
City-State-Zip: HOLLYWOOD FL 33021

Title MGRM  
Name BISCAYNE NATURAL RESOURCES,  
INC.  
Address 4000 HOLLYWOOD BLVD., SUITE 500  
NORTH  
City-State-Zip: HOLLYWOOD FL 33021

*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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP S. VOVA

**MANAGER**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date