that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: ALEXANDER GARCIA

Current Mailing Address:

5895 SW 117 STREET

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

FROMBERG, PERLOW & KORNIK, PA 20295 NE 29 PLACE 200 AVENTURA, FL 33180 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: ROSEMARIE BACALLAO

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR GARCIA, ALEXANDER Name Address 5895 SW 117 STREET City-State-Zip: CORAL GABLES FL 33156

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

MGR

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L08000083452

Entity Name: 216 PROPERTIES AND MANAGEMENT, LLC

Current Principal Place of Business:

5895 SW 117 STREET CORAL GABLES. FL 33156

CORAL GABLES. FL 33156 US

Certificate of Status Desired: No

04/30/2017

04/30/2017 Date

FILED Apr 30, 2017 Secretary of State CC9806037644

Date