# SIGNATURE: PLONEVEZ , CHRISTOPHE LOIC

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

Electronic Signature of Signing Authorized Person(s) Detail

## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000124360

Entity Name: HARBOR ISLAND 510, LLC

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

1110 BRICKELL AVE STE 310 MIAMI, FL 33131

#### **Current Mailing Address:**

1110 BRICKELL AVE STE 310 MIAMI, FL 33131

#### FEI Number: 99-0365442

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

Electronic Signature of Registered Agent

NS CORPORATE SERVICES INC. 1110 BRICKELL AVE STE 310 MIAMI, FL 33131 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:

Authorized Person(s) Detail :				
	Title	MGR	Title	MGR
	Name	PLONEVEZ, CHRISTOPHE LOIC	Name	PLONEVEZ, CATHERINE MAZE EP.
	Address	1110 BRICKELL AVE. SUITE 310	Address	1110 BRICKELL AVE. SUITE 310
	City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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

### FILED Apr 20, 2018 Secretary of State CC2355702455

Certificate of Status Desired: No

04/20/2018

Date