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.

CEO

SIGNATURE: MANUEL DEL VALLE CAVIEDES

Electronic Signature of Signing Authorized Person(s) Detail

## Authorized Person(s) Detail :

DOCUMENT# L11000021041

**Current Mailing Address:** 

FEI Number: 27-5110631

MANUEL DEL VALLE CAVIEDES

12891 SW 47 ST MIAMI, FL 33175

12891 SW 47 ST MIAMI. FL 33175 US

**Current Principal Place of Business:** 

- Title MGR Na Ad City 33175 ۱p
- SIGNATURE: MANUEL DEL VALLE CAVIEDES

### 12891 SW 47 ST MIAMI, FL 33175 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.

The above named el		e purpose or changin
SIGNATURE	MANUEL	

Name and Address of Current Registered Agent:

# Electronic Signature of Registered Agent

	WOR		
ame	DEL VALLE CAVIEDES, MANUEL		
ddress	12891 SW 47 ST		
ity-State-Zip:	MIAMI FL 33175		

Entity Name: CAVIEDES CONSTRUCTION SERVICES LLC

# FILED Mar 26, 2018 Secretary of State CC3218153109

Certificate of Status Desired: No

03/26/2018 Date

03/26/2018 Date