

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000064138

Entity Name: 950 NW 5TH STREET, LLC

Current Principal Place of Business:

234 POINCIANA DR
SUNNY ISLES, FL 33160

Current Mailing Address:

234 POINCIANA DR
SUNNY ISLES, FL 33160 US

FEI Number: 45-2547003

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIQUES, ALFREDO D
2950 SW 27TH AVE
STE 300
MIAMI, FL 33133 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 | Title | MGR |
| Name | LUJAN, SERGIO A | Name | CERDAN, CRISTIAN A |
| Address | 234 POINCIANA DR | Address | 17125 NORTH BAY ROAD APT 3213 |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 | City-State-Zip: | SUNNY ISLES BEACH FL 33160 |
| | | | |
| Title | MGR | Title | AMBR |
| Name | ALONSO, DANIEL | Name | MARIN, ANDREA VIVIANA |
| Address | 17125 NORTH BAY ROAD APT 4511 | Address | 17125 NORTH BAY RD 3213 |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 | City-State-Zip: | SUNNY ISLES FL 33160 |

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: SERGIO A LUJAN

MGR

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date