### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: EVELYN CABRERA PRESIDENT

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

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR
Name	CABRERA, EVELYN
Address	16025 W PRESTWICK PLACE

City-State-Zip: MIAMI LAKES FL 33014

	5 5 5			
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	LAGO, CATALINA	Name	LAGO, JOSE O.	
Address	3940 WEST FLAGLER STREET FIRST FLOOR	Address	3940 WEST FLAGLER STREET FIRST FLOOR	
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33134	
Title	MGR			
Name	CABRERA, EVELYN			
Address	16025 W PRESTWICK PLACE			

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.

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

**Current Mailing Address:** 

MIAMI, FL 33134

SIGNATURE:

3940 WEST FLAGLER STREET FIRST FLOOR MIAMI, FL 33134 US

# FEI Number: 45-2725552

PETER M. LOPEZ, P.A. 1911 NW 150 AVENUE 201 PEMBROKE PINES, FL 33028 US

3940 WEST FLAGLER STREET FIRST FLOOR

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L11000078958 Entity Name: DAVID ASSOCIATES GROUP LLC

**Current Principal Place of Business:** 

Date

Certificate of Status Desired: No

FILED Feb 27, 2017 Secretary of State CC0162491797

> 02/27/2017 Date