# that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ISIDRO CARDIN

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000003019

Entity Name: SOUTH FLORIDA ASSETS, LLC

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

18331 PINES BLVD., #105 PEMBROKE PINES. FL 33029

## **Current Mailing Address:**

18331 PINES BLVD., #105 PEMBROKE PINES. FL 33029 US

# FEI Number: 45-4194481

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

CARDIN, ISIDRO 18331 PINES BLVD PEMBROKE PINES, FL 33029 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CARDIN, ISIDRO	Name	PEREZ, NESTOR
Address	18331 PINES BLVD #105	Address	18331 PINES BLVD #105
City-State-Zip:	PEMBROKE PINES FL 33029	City-State-Zip:	PEMBROKE PINES FL 33029

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

02/04/2017 MANAGING PARTNER

FILED Feb 04, 2017 Secretary of State CC6642759458

Certificate of Status Desired: No

Date

Date