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.

MGRM

SIGNATURE: LIVET BOFFIL LLACER

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

Authorized Person(s) Detail -

Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	BOFFIL LLACER, LIVET	Name	BOFFIL, ORESTES
Address	5201 BLUE LAGOON DRIVE SUITE 928	Address	5201 BLUE LAGOON DRIVE SUITE 928
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

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.

BOFFIL LLACER, LIVET 5201 BLUE LAGOON DRIVE SUITE 928 MIAMI, FL 33126 US

SIGNATURE:

5201 BLUE LAGOON DRIVE SUITE 928 MIAMI, FL 33126

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# L12000105974

5201 BLUE LAGOON DRIVE SUITE 928 MIAMI, FL 33126 US

FEI Number: 46-0804863

Name and Address of Current Registered Agent:

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: BOFFIL SUPERIOR CONCRETE FINISH LLC

FILED Mar 11, 2014 Secretary of State CC0701660414

Certificate of Status Desired: No

Date

03/11/2014 Date