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

nd that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE CABRERA

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L13000039145

Entity Name: PUINARE ISLAND, LLC

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

2950 GLADES CIR UNIT 7 WESTON, FL 33327

### **Current Mailing Address:**

2950 GLADES CIR UNIT 7 WESTON, FL 33327

## FEI Number: 90-0948536

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

CABRERA, JOSE 2959 GLADES CIRCLE UNIT 7 WESTON, FL 33327 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.

		0 0	0	04/00/0040	
SIGNATURE	: JOSE CABRERA			04/28/2016	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	JIMENEZ, IVAN J	Name	RUIZ, DALIA M		
Address	15901 COLLINS AVE UNIT 504	Address	15901 COLLINS AVE UNIT 504		
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 3316	60	
Title	MGR				
Name	JIMENEZ, IVANNA				
Address	15901 COLLINS AVE UNIT 504				
City-State-Zip:	SUNNY ISLES BEACH FL 33160				

Certificate of Status Desired: No

# FILED Apr 28, 2016 Secretary of State CC8493812029

04/28/2016 Date

**REGISTERED AGENT**