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

SIGNATURE: FLOR CASANAS

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL R	<u>EPORT</u>

DOCUMENT# L13000112131

Entity Name: 3500 CORAL WAY 712 LLC

Current Principal Place of Business:

5930 NW 99 AVE UNIT 9 DORAL, FL 33178

Current Mailing Address:

5930 NW 99 AVE UNIT 9 DORAL, FL 33178 US

FEI Number: 61-1719601

Name and Address of Current Registered Agent:

CASANAS, FLOR MARIA 5930 NW 99 AVE UNIT 9 DORAL, FL 33178 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	E FLOR MARIA CASANAS			03/07/2023	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER	Title	MANAGER		
Name	CASANAS, FLOR M	Name	CASANAS, PAULO A		
Address	5930 NW 99 AVE UNIT 9	Address	5930 NW 99 AVE UNIT 9		
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178		
Title	MANAGER	Title	MANAGER		
Name	CASANAS, ORIANNA A.	Name	CASANAS, ANDRES E.		
Address	5930 NW 99 AVE UNIT 9	Address	5930 NW 99 AVE UNIT 9		
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178		
Title	MANAGER				
Name	CASANAS, FLOR A.				
Address	5930 NW 99 AVE UNIT 9				
City-State-Zip:	DORAL FL 33178				

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

FILED Mar 07, 2023 Secretary of State 6446563383CC

Certificate of Status Desired: No

03/07/2023 Date