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

SIGNATURE: JOSE E CABANAS

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000138810

Entity Name: JCL 609 REALTY MGMT., LLC

Current Principal Place of Business:

10520 NW 26 STREET SUITE C-201 DORAL, FL 33172

Current Mailing Address:

10520 N.W. 26TH STREET SUITE C-201 DORAL, FL 33172 US

FEI Number: 46-3905843

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A. 10520 NW 26TH STREET SUITE C-201 DORAL, FL 33172 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: JOSE E. CABANAS			04/30/2019
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MGR	Title	MANAGER	
Name	CABANAS, JOSE E. JR.	Name	CABANAS, JOSE E	
Address	10520 N.W. 26 STREET SUITE C-201	Address	10520 N.W. 26TH STREET SUITE C-201	
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	DORAL FL 33172	
Title	ASST. MANAGER			
Name	CABANAS, JOSEPH F			
Address	10520 N.W. 26TH STREET SUITE C-201			
City-State-Zip:	DORAL FL 33172			

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

Certificate of Status Desired: No

04/30/2019

9

FILED Apr 30, 2019 Secretary of State 1242623225CC

Date