2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2017
Secretary of State
CC9948569395

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Entity Name: 352FCYPAA, LLC

Current Principal Place of Business:

BOX 358401
GAINESVILLE, FL 32653

Current Mailing Address:

BOX 358401
GAINESVILLE, FL 32653 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AGUILAR, DAVID
BOX 358401
GAINESVILLE, FL 32653 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 — Date

Authorized Person(s) Detail :

Title	MGR
Name	AGUILAR, DAVID
Address	5319 NW 34TH TERRACE
City-State-Zip:	GAINESVILLE FL 32653

Title	AUTHORIZED MEMBER
Name	PROMPOVITCH, CHRISTOFFER
Address	3204 SW 4TH CT
City-State-Zip:	GAINESVILLE FL 32601

Title	AUTHORIZED MEMBER
Name	PORRAS, FREDDY
Address	2230 SW WILLISTON RD 3840
City-State-Zip:	GAINESVILLE FL 32608

Title	AUTHORIZED MEMBER
Name	BENNETT, TRACY L
Address	3014 NW 44TH PLACE
City-State-Zip:	GAINESVILLE FL 32653

Title	AUTHORIZED MEMBER
Name	WALLACE, IAIN GAW
Address	15105 NW 94TH AVE
City-State-Zip:	ALACHUA FL 32615

Title	AUTHORIZED MEMBER
Name	TRUMAN, ISABEL S
Address	4201 SW 21ST PLACE
City-State-Zip:	GAINESVILLE FL 32607

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.

SIGNATURE: DAVID AGUILAR MANAGER 03/16/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date