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

· ·	00	0
that my name a	ppears above, or or	n an attachment with a
SIGNATU	JRE: JODIE	BAKES

MANAGER

01/22/2015

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000059266

Entity Name: ARCHIMEDES XXIX LLC

Current Principal Place of Business:

15000 NW 44TH AVENUE OPA LOCKA, FL 33054

Current Mailing Address:

15000 NW 44TH AVENUE OPA LOCKA, FL 33054

FEI Number: 27-2470884

Name and Address of Current Registered Agent:

GREENWALD, ERIC 15000 NW 44TH AVENUE OPA LOCKA, FL 33054 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:	ERIC GREENWALD			01/22/2015
	Electronic Signature of Registered Agent			Date
Authorized P	erson(s) Detail :			
Title	MGR	Title	MGR	
Name	ABESS, LEONARD L	Name	BAKES, JODIE	
Address	15000 NW 44TH AVENUE	Address	15000 NW 44TH AVENUE	
City-State-Zip:	OPA LOCKA FL 33054	City-State-Zip:	OPA LOCKA FL 33054	

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 22, 2015 Secretary of State CC9784987587

Certificate of Status Desired: No

Date