| I NUMBEL 47-2043020 | Certificate of Status |
|---|---|
| me and Address of Current Registered Agent: | |
| CKEY, PRESTON O JR. E. MADISON STREET, SUITE 204 IPA, FL 33602 US | |
| above named entity submits this statement for the purpose of changing its registered office o | r registered agent, or both, in the State |
| | |

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000143172

Entity Name: MASSARO BLVD PROPERTIES NORTH, LLC

Current Principal Place of Business:

1315 S. HOWARD AVENUE, SUITE 202 TAMPA, FL 33606

Current Mailing Address:

1315 S. HOWARD AVENUE, SUITE 202 TAMPA, FL 33606

FEI Number: 47-2043828

Nan

Electronic Signature of Registered Agent

COC 110 E TAM

The a te of Florida.

SIGNATURE:

Authorized Person(s) Detail : Title Title MGR MGR Name DIKMAN, ROBERT J Name MUMFORD, PHILLIP Address 1315 S. HOWARD AVENUE, SUITE 202 Address 1315 S. HOWARD AVENUE, SUITE 202 City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

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: ROBERT J DIKMAN

MGR

04/20/2016

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 20, 2016 Secretary of State CC3291982325

Certificate of Status Desired: No