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.

Ρ

SIGNATURE: PILAR PUENTE

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Current Principal Place of Business:

5697 SADDLE TRAIL LANE LAKE WORTH, FL 33449 US

DOCUMENT# L15000003105

5697 SADDLE TRAIL LANE LAKE WORTH. FL 33449

FEI Number: 47-2736664

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: FLORIDA MANAGEMENT AND INVESTMENTS, LLC

PUENTE, PILAR 5697 SADDLE TRAIL LANE LAKE WORTH, FL 33449 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:

Authorized Person(s) Detail :			
Title	PRES	Title	VP
Name	PUENTE, PILAR	Name	SAMUEL, MICHAEL
Address	5697 SADDLE TRAIL LANE	Address	5697 SADDLE TRAIL LANE
City-State-Zip:	LAKE WORTH FL 33449	City-State-Zip:	LAKE WORTH FL 33449

ts registered office or registered agent, or both, in the State of Florida.

Certificate of Status Desired: No

Mar 01, 2018 Secretary of State CC6650210752

Date

FILED

03/01/2018

Date