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

SIGNATURE: GARTH REEVES

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

REEVES, GARTH B 900 NW 54 STREET MIAMI, FL 33127 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: GARTH B. REEVES

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	REEVES, GARTH B
Address	900 NW 54 STREET
City-State-Zip:	MIAMI FL 33127

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

MANAGER

Certificate of Status Desired: No

01/22/2020 Date

FILED Jan 22, 2020 Secretary of State 1203015111CC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000039405

Entity Name: FIFTY-FOURTH STREET ENTERPRISES, LLC

Current Principal Place of Business:

900 NW 54 STREET MIAMI. FL 33127

Current Mailing Address:

900 NW 54 STREET MIAMI. FL 33127 US

FEI Number: 15-0000394

Date

01/22/2020