Electronic Signature of Signing Authorized Person(s) Detail

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

SIGNATURE: BECKY HARVEY

DAVIE, FL 33331 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

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	FIDJE, GLENN	Name	FIDJE, GAYLA
Address	4474 WESTON ROAD, #185	Address	4474 WESTON ROAD #185
City-State-Zip:	DAVIE FL 33331	City-State-Zip:	DAVIE FL 33331
Title	AUTHORIZED SIGNATORY		
Name	HARVEY, BECKY		
Address	100 SE 2ND STREET 3510		
City-State-Zip:	MIAMI FL 33131		

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

DOCUMENT# L15000114324

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: MWC SE GROUP, LLC.

Current Principal Place of Business:

100 SE 2ND STREET 3510 MIAMI, FL 33131

Current Mailing Address:

100 SE 2ND STREET 3510 MIAMI, FL 33131

FEI Number: 47-4418313

Name and Address of Current Registered Agent:

FIDJE, GLENN 4474 WESTON ROAD 185 DAVIE, FL 33331 US FILED Jan 20, 2017 Secretary of State CC2831988890

Certificate of Status Desired: Yes

01/20/2017

Date

Date

SIGNATORY

AUTHORIZED