Current Mai	ling Address:			
657 MINOLA MIAMI SPRI	A DR NGS, FL 33166			
FEI Number	r: 47-4725013		Certificate of Status Des	sired: No
Name and A	Address of Current Registered Age	nt:		
MARIN, STEVE 657 MINOLA D MIAMI SPRING				
657 MINOLA D MIAMI SPRING The above named	R S, FL 33166 US d entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of F	
657 MINOLA D MIAMI SPRING The above named	R S,FL 33166 US	nging its registered office or regis	tered agent, or both, in the State of F	02/15/201
657 MINOLA D MIAMI SPRING The above named	R S, FL 33166 US d entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of F	
657 MINOLA D MIAMI SPRING The above named SIGNATURE	R SS, FL 33166 US d entity submits this statement for the purpose of cha E: STEVEN MARIN	nging its registered office or regis	tered agent, or both, in the State of F	02/15/201
657 MINOLA D MIAMI SPRING The above named SIGNATURE	R S, FL 33166 US d entity submits this statement for the purpose of cha E: <u>STEVEN MARIN</u> Electronic Signature of Registered Agent	nging its registered office or regis	tered agent, or both, in the State of F	02/15/201
657 MINOLA D MIAMI SPRING The above named SIGNATURE Authorized	R S, FL 33166 US d entity submits this statement for the purpose of cha E: STEVEN MARIN Electronic Signature of Registered Agent Person(s) Detail :			02/15/201
657 MINOLA D MIAMI SPRING The above named SIGNATURE Authorized Title	R S, FL 33166 US d entity submits this statement for the purpose of chance : STEVEN MARIN Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	02/15/201

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: JOSEPH MARIN

Electronic Signature of Signing Authorized Person(s) Detail

02/15/2019

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000118065

Entity Name: 665 MOKENA PARTNERS, LLC

Current Principal Place of Business:

657 MINOLA DR

VP

Date