835 NE 3RD A	ncipal Place of Business: /ENUE RDALE, FL 33304			
Current Mai	ling Address:			
	HOCEAN DRIVE DERDALE, 33316 UN			
FEI Number: 30-6342654			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
SOLOMON, SA 1620 NE 4TH P				
	DALE, FL 33301 US			
FORT LAUDER		registered office or regis	tered agent, or both, in the State of Florida.	
FORT LAUDER	DALE, FL 33301 US	egistered office or regis	stered agent, or both, in the State of Florida. $06/08/2$	020
FORT LAUDER	DALE, FL 33301 US	registered office or regis	0	
FORT LAUDER The above named SIGNATURE	DALE, FL 33301 US d entity submits this statement for the purpose of changing its r E: SAM SOLOMON	registered office or regis	06/08/2	
FORT LAUDER The above named SIGNATURE	DALE, FL 33301 US d entity submits this statement for the purpose of changing its r E: SAM SOLOMON Electronic Signature of Registered Agent	egistered office or regis	06/08/2	
FORT LAUDER The above named SIGNATURE Authorized	ADALE, FL 33301 US d entity submits this statement for the purpose of changing its r SAM SOLOMON Electronic Signature of Registered Agent Person(s) Detail :		06/08/2 Date	
FORT LAUDER The above named SIGNATURE Authorized Title Name Address	ADALE, FL 33301 US d entity submits this statement for the purpose of changing its r E: SAM SOLOMON Electronic Signature of Registered Agent Person(s) Detail : MGR SCHARG, SCOTT 2799 NW BOCA RATON BLVD SUITE 203	Title	06/08/2 Date SCHARG, TAYLER C/O STEVEN A. SCIARRETTA, P.A. 2799 NW BOCA RATON BLVD SUITE	
FORT LAUDER The above named SIGNATURE Authorized Title Name	ADALE, FL 33301 US d entity submits this statement for the purpose of changing its r E: SAM SOLOMON Electronic Signature of Registered Agent Person(s) Detail : MGR SCHARG, SCOTT 2799 NW BOCA RATON BLVD SUITE 203	Title Name	AP SCHARG, TAYLER C/O STEVEN A. SCIARRETTA, P.A. 2799 NW BOCA RATON BLVD SUITE 203	

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: TAYLER SCHARG

Electronic Signature of Signing Authorized Person(s) Detail

AP

06/08/2020 Date

FILED Jun 08, 2020 **Secretary of State** 7730787673CC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000124159

Entity Name: 835 NE 3RD AVENUE LLC

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