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: CHRISTOPHER MACLEOD

Electronic Signature of Signing Authorized Person(s) Detail

MIAMI, FL 33133

**Current Principal Place of Business:** 

Entity Name: 2401 SWANSON AVENUE LLC

# **Current Mailing Address:**

DOCUMENT# L15000175476

2430 INAGUA AVENUE MIAMI, FL 33133 US

2430 INAGUA AVENUE

## **FEI Number: NOT APPLICABLE**

### Name and Address of Current Registered Agent:

MACLEOD, CHRISTOPHER 2430 INAGUA AVENUE MIAMI, FL 33133 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	CHRISTOPHER MACLEOD			05/01/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	SOUGHAYAR, MICHELINE	Name	MACLEOD, CHRISTOPHER	
Address	2430 INAGUA AVENUE	Address	2430 INAGUA AVENUE	
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133	

05/01/2018 Date

FILED May 01, 2018 Secretary of State CC9802497326

Certificate of Status Desired: No

# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

MEMBER