#### 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.

MANAGER

SIGNATURE: NICOLAS MANGIERI

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR	Title	MGR
Name	MANGIERI, NICOLAS	Name	ACHRAM, JOSE A
Address	419 W 49 ST STE 111	Address	419 W 49 ST STE 111
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

# Αι

SIGNATURE	SIGNATURE: HECTOR GALEANO						
	Electronic Signature of Registered Agent			Date			
Authorized Person(s) Detail :							
Title	MGR	Title	MGR				
Name	MANGIERI NICOLAS	Name	ACHRAM JOSE A				

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.

## **Current Mailing Address:** 419 W 49 ST STE 111

HIALEAH. FL 33012 US

# FEI Number: 81-1019117

## Name and Address of Current Registered Agent:

PEREZ, THAMARA 419 W 49 ST STE 111 HIALEAH, FL 33012 US

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPO	RT

#### DOCUMENT# L15000207738

Entity Name: 3650 STEWART AVENUE, LLC

## **Current Principal Place of Business:**

419 W 49 ST STE 111 HIALEAH, FL 33012

Apr 05, 2018 Secretary of State CC1447254962

FILED

Certificate of Status Desired: No

04/05/2018

Date