

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000010006

Entity Name: PROVEST CENTRE POINTE PLAZA ASSOCIATES LLC

Current Principal Place of Business:

9 ISLAND AVENUE
SUITE 1208
MIAMI BEACH, FL 33139

Current Mailing Address:

P.O. BOX 515
HUDSON, NY 12534 US

FEI Number: 81-4897683

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALOMON, MARK
9 ISLAND AVENUE
SUITE 1208
MIAMI BEACH, FL 33139 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

Date

Authorized Person(s) Detail :

Title AMBR
Name SALOMON, MARK
Address 9 ISLAND AVENUE, SUITE 1208
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name VITA, CHARLES
Address 9 ISLAND AVENUE, SUITE 1208
City-State-Zip: MIAMI BEACH FL 33139

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: MARK SALOMON

MANAGER

07/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date