SIGNATURE: EDUARDO BICERNE

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

S	1204 CEDAR FALLS DR	Address	2483 PROVENCE
ate-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 333
	MGR	Title	MGR
	DOCAMPO, MARIA RAQUEL	Name	TESOURO, GUILL
S	2483 PROVENCE CIRCLE	Address	1941 HARBOR VIE
ate-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 333

Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	BICERNE, EDUARDO	Name	FREITAG, FEDERICO		
Address	1204 CEDAR FALLS DR	Address	2483 PROVENCE CIRCLE		
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327		
	1105	Title	MGR		
Title	MGR	nue	MGR		
Name	DOCAMPO, MARIA RAQUEL	Name	TESOURO, GUILLERMO		
Address	2483 PROVENCE CIRCLE	Address	1941 HARBOR VIEW CIRCLE		
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327		

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.

Name and Address of Current Registered Agent:

BICERNE, EDUARDO 1204 CEDAR FALLS DR WESTON, FL 33327 US

SIGNATURE:

MIAMI, FL 33122

Current Mailing Address:

DOCUMENT# L17000120416

Entity Name: 7500 NW 25 ST SUITE 9 LLC

Current Principal Place of Business:

7500 NW 25TH STREET SUITE 9

7500 NW 25TH STREET SUITE 9 MIAMI, FL 33122 FL

FEI Number: NOT APPLICABLE

Electronic Signature of Registered Agent

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

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



Date

FILED Feb 06, 2019 Secretary of State 4230040111CC