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: SUSAN SHERWOOD

Electronic Signature of Signing Authorized Person(s) Detail

Name	SHERWOOD, SHAWN	Name	SHERWOOD, SUSAN
Address	2325 N.E. 199TH STREET	Address	2325 N.E. 199TH STREET
City-State-Zip:	MIAMI FL 33180	City-State-Zip:	MIAMI FL 33180

## Α

Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	SHERWOOD, SHAWN	Name	SHERWOOD, SUSAN	
Address	2325 N.E. 199TH STREET	Address	2325 N.E. 199TH STREET	

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:

Electronic Signature of Registered Agent

LERMAN, CARLOS D 2611 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 US

SIGNATURE:

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

2325 N.E. 199TH STREET MIAMI, FL 33180

### **Current Mailing Address:**

2325 N.E. 199TH STREET MIAMI. FL 33180 US

### FEI Number: 83-3955672

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Certificate of Status Desired: No

04/23/2019

Date

FILED Apr 23, 2019 Secretary of State 3227764061CC

MGR

Date