I hereby certify that the information indicated on this report or supplemental report is true and acc oath; that I am a managing member or manager of the limited liability company or the receiver or		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: ANN J GORDON	MGR	03/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

## FEI Number: 83-3060319 Name and Address of Current Registered Agent:

Entity Name: CARI OFFICE CENTER, LLC

**Current Principal Place of Business:** 

SHAPIRO, IRA R 16375 NE 19TH AVE STE 300 NORTH MIAMI BEACH, FL 33162 US

DOCUMENT# L19000002011

16375 NE 19TH AVE STE 300 NORTH MIAMI BEACH. FL 33162

**Current Mailing Address:** 16375 NE 19TH AVE STE 300 NORTH MIAMI BEACH. FL 33162

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:

Authorized	Person(s) Detail :		
Title	MGR	Title	MGR
Name	GORDON, ANN	Name	SHAPIRO, IRA
Address	16375 NE 19TH AVE STE 300	Address	16375 NE 19TH AVE STE 300

Name	GORDON, ANN	Name	SHAPIRO, IRA
Address	16375 NE 19TH AVE STE 300	Address	16375 NE 19TH AVE STE 300
City-State-Zip:	NORTH MIAMI BEACH FL 33162	City-State-Zip:	NORTH MIAMI BEACH FL 33162

Electronic Signature of Registered Agent

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPOR	Г
	-

## FILED Mar 20, 2023 Secretary of State 7749091058CC

Certificate of Status Desired: No

Date

Date

MGR