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.

Title	AMBR	Title	AMBR
Name	FEIGIN, CRAIG	Name	COHEN, VERONICA
Address	135 WESTON RD. SUITE #139	Address	135 WESTON RD. SUITE #139
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326

135 WESTON RD. SUITE #139 WESTON, FL 33326 US

# FEI Number: 84-4002213

## Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102 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

## Authorized Person(s) Detail :

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L19000299376

Entity Name: FLORIDIAN RESIDENTIAL LLC

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

135 WESTON RD. SUITE #139 WESTON, FL 33326

# **Current Mailing Address:**

SIGNATURE: CRAIG FEIGIN

MEMBER

07/17/2020 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jul 17, 2020 Secretary of State 1152664863CC

Date

Certificate of Status Desired: No