## 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. 02/02/2024

DOCUMENT# L22000503479

Entity Name: GENOS PARTNERS INVESTMENT LLC **Current Principal Place of Business:** 

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

11402 NW 41 STREET 201 DORAL, FL 33178

## **Current Mailing Address:**

12300 SW 98 STREET MIAMI, FL 33186 US

## FEI Number: 92-1176269

## Name and Address of Current Registered Agent:

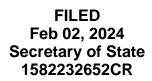
SAMOUR, GEORGE A 12300 SW 98 STREET MIAMI, FL 33186 US

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                     | : GEORGE A SAMOUR                        |                 |                    | 02/02/2024 |
|-------------------------------|--|-----------------|--------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                    | Date       |
| Authorized Person(s) Detail : |  |                 |                    |            |
| Title                         | MGR                                      | Title           | MGR                |            |
| Name                          | SAMOUR, GEORGE A                         | Name            | SAMOUR, NORMA      |            |
| Address                       | 12300 SW 98 STREET                       | Address         | 12300 SW 98 STREET |            |
| City-State-Zip:               | MIAMI FL 33186                           | City-State-Zip: | MIAMI FL 33186     |            |

SIGNATURE: GEORGE SAMOUR MGR

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: No

Date