

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000351654

Entity Name: NEWCASTLE DADE INVEST LLC**Current Principal Place of Business:**6400 N ANDREWS AVE STE 490
FORT LAUDERDALE, FL 33309**Current Mailing Address:**6400 N ANDREWS AVE STE 490
FORT LAUDERDALE, FL 33309 US**FEI Number:** 85-3930880**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TORCHIN CPA
980 N FEDERAL HWY STE 406
BOCA RATON, FL 33432 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:** DAVID TORCHIN

10/13/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|----------------------------|
| Title | AMBR |
| Name | NC DADE LLC |
| Address | 6400 N ANDREWS AVE STE 490 |
| City-State-Zip: | FORT LAUDERDALE FL 33309 |

| | |
|-----------------|----------------------------|
| Title | AMBR |
| Name | NC KRIS LLC |
| Address | 6400 N ANDREWS AVE STE 490 |
| City-State-Zip: | FORT LAUDERDALE FL 33309 |

| | |
|-----------------|----------------------------|
| Title | AMBR |
| Name | NC DADE MANAGEMENT LLC |
| Address | 6400 N ANDREWS AVE STE 490 |
| City-State-Zip: | FORT LAUDERDALE FL 33309 |

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: ARVIND REDDY

MANAGER

10/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date