that my name appears above, or on an attachment with all other like empowered. MGR

е	MGR	Title	MGR
me	FIGUERAS, JUAN C	Name	FIGUERAS, KRIST
dress	4970 SW 72 AVE, #102	Address	4970 SW 72 AVE,
/-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

1

	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	FIGUERAS, JUAN C	Name	FIGUERAS, KRISTIN M	
Address	4970 SW 72 AVE, #102	Address	4970 SW 72 AVE, #102	
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155	

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:

SUITE 102 MIAMI, FL 33155

FIGUERAS, JUAN E 7700 N KENDALL DRIVE

MIAMI, FL 33156 US

SUITE 702

FEI Number: 99-1196061

DOCUMENT# L23000256800

Entity Name: 8112 CLAIRE ANN 303 LLC

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Current Mailing Address: 4970 SW 72 AVE

4970 SW 72 AVE SUITE 102 MIAMI, FL 33155

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

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

SIGNATURE: JUAN C FIGUERAS

02/10/2024 Date

Date

FILED Feb 10, 2024 Secretary of State 6845226577CC

Electronic Signature of Signing Authorized Person(s) Detail