

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011244

Entity Name: SOUTH FLORIDA INDUSTRY LIAISON GROUP, INC.

Current Principal Place of Business:

C/O 150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130

Current Mailing Address:

C/O 150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130

FEI Number: 27-1357252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEARNS WEAVER MILLER WEISSLER ALHADEFF &
C/O SUSAN J. TOEPFER
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130 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

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------------|
| Title | CHAIRMAN |
| Name | TOEPFER, SUSAN J |
| Address | 150 W FLAGLER ST STE 2200 |
| City-State-Zip: | MIAMI FL 33130 |
| Title | SECRETARY |
| Name | DELVALLE, PAT |
| Address | 23397 TORRE CR. COSTA DEL SOL |
| City-State-Zip: | BOCA RATON FL 33433 |

| | |
|-----------------|----------------------------------|
| Title | VC |
| Name | ABBONDANTE, SUE |
| Address | 13798 NW 4TH STREET SUITE 305 |
| City-State-Zip: | FT. LAUDERDALE FL 33325 |
| Title | TREASURER |
| Name | WILLIS, LINSEY |
| Address | P.O. BOX 1628 |
| City-State-Zip: | BOCA RATON FL 33429 |

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN TOEPFER

CHAIRMAN

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date