

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017800

**FILED**  
**Feb 17, 2015**  
**Secretary of State**  
**CC9091213097**

**Entity Name:** PHG - SQUARE, LLC

**Current Principal Place of Business:**

9400 SOUTH DADELAND BLVD., STE. 100  
MIAMI, FL 33156

**Current Mailing Address:**

9400 SOUTH DADELAND BLVD., STE. 100  
MIAMI, FL 33156

**FEI Number:** 65-1118167

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COHEN, GARY  
201 S. BISCAYNE BLVD.  
SUITE 1500  
MIAMI, FL 33131 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

**Authorized Person(s) Detail :**

Title MGRM  
Name PHG GP HOLDINGS, LLC  
Address 9400 S DADELAND BLVD #100  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name DEUTCH, DAVID O  
Address 9400 S DADELAND BLVD 100  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name WOLFSON, LOUIS III  
Address 9400 SOUTH DADELAND BLVD. #100  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name FRIEDMAN, MITCHELL M  
Address 9400 SOUTH DADELAND BLVD. #100  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name WOHL, MICHAEL D  
Address 9400 SOUTH DADELAND BLVD #100  
City-State-Zip: MIAMI FL 33156

*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:** DAVID O. DEUTCH

VP

02/17/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date