

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054923

Entity Name: DOUGLAS ELLIMAN FLORIDA LLC

Current Principal Place of Business:

1111 LINCOLN ROAD
805
MIAMI BEACH, FL 33139

FILED
Jan 07, 2015
Secretary of State
CC6842970809

Current Mailing Address:

1111 LINCOLN ROAD
805
MIAMI BEACH, FL 33139 US

FEI Number: 20-1473661

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DOUGLAS ELLIMAN REALTY, LLC
Address 575 MADISON AVE
406
City-State-Zip: NEW YORK FL 10022

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER
Name PARKER, JAY
Address 1111 LINCOLN RD
805
City-State-Zip: MIAMI BEACH FL 33139

Title EXECUTIVE VICE PRESIDENT
Name HABER, KENNETH I
Address 575 MADISON AVE
406
City-State-Zip: NEW YORK NY 10022

Title VICE PRESIDENT AND QUALIFYING BROKER
Name BRYAN, THOMAS J
Address 1111 LINCOLN ROAD
805
City-State-Zip: MIAMI BEACH FL 33139

Title VICE PRESIDENT, TREASURER & CHIEF FINANCIAL OFFICER
Name KIRKLAND, JAMES B III
Address 4400 BISCAYNE BLVD
10
City-State-Zip: MIAMI FL 33137

Title VICE PRESIDENT AND SECRETARY
Name BELL, MARC N
Address 4400 BISCAYNE BLVD
10
City-State-Zip: MIAMI FL 33137

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: KENNETH I. HABER

**EXECUTIVE VICE
PRESIDENT**

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date