

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072375

**Entity Name:** BISMARCKIA GROUP LLC

**Current Principal Place of Business:**

200 S. BISCAYNE BLVD., SUITE 4900  
C/O WHITE & CASE LLP  
MIAMI, FL 33131

**Current Mailing Address:**

200 S. BISCAYNE BLVD., SUITE 4900  
C/O WHITE & CASE LLP  
MIAMI, FL 33131

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

KLINE, CHARLES C  
200 S. BISCAYNE BLVD., SUITE 4900  
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	MGR	Title	MGR
Name	KELLY, NICHOLAS D	Name	KELLY, L P
Address	8255 N.W. 58TH STREET	Address	8255 NW 58 STREET
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166
Title	MANAGER		
Name	KELLY, KATHERINE L		
Address	8255 NW 58 STREET		
City-State-Zip:	MIAMI FL 33166		

*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:** NICHOLAS D KELLY

**EXECUTIVE VICE  
PRESIDENT**

**02/27/2017**

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

\_\_\_\_\_  
Date