

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000043489

**Entity Name:** 1590 NE, LLC

**Current Principal Place of Business:**

49 WEST 32ND STREET  
2ND FLOOR  
NEW YORK, NY 10001

**Current Mailing Address:**

49 WEST 32ND STREET  
2ND FLOOR  
NEW YORK, NY 10001

**FEI Number:** 20-2775884

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
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	MGR	Title	MGR
Name	THURMAN, HAROLD	Name	THURMAN, BRAD
Address	49 WEST 32ND STREET	Address	49 WEST 32ND STREET
City-State-Zip:	NEW YORK NY 10001	City-State-Zip:	NEW YORK NY 10001

*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:** HAROLD THURMAN

**MANAGER**

**01/09/2014**

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

\_\_\_\_\_  
Date