

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000080195

Entity Name: LAFAYETTE SQUARE II LLC**Current Principal Place of Business:**120 FORBES BLVD.
SUITE 180
MANSFIELD, MA 02048-1150**Current Mailing Address:**120 FORBES BLVD.
SUITE 180
MANSFIELD, MA 02048-1150 US**FEI Number:** 20-3338594**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOVELL, TERRY M ESQ.
2200 MUSEUM TOWER, 150 WEST FLAGLER STREET
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:** TERRY M LOVELL

12/08/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name MARC, PLONSKIER S
Address 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED MEMBER
Name DAVID, CANEPARI J
Address 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title MANAGER
Name THE GATEHOUSE GROUP, INC.
Address 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED REPRESENTATIVE
Name HAMPTON, SARITA D
Address 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED REPRESENTATIVE
Name YORKSHAITIS, ROGER
Address 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED REPRESENTATIVE
Name INAMDAR, NIKUL A
Address 445 NW 4TH STREET
SUITE 108
City-State-Zip: MIAMI FL 33128-1701

Title AUTHORIZED REPRESENTATIVE
Name LEONARDO, CHRISTOPHER
Address 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED REPRESENTATIVE
Name LEO, JENNIFER S
Address 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

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: MARC S PLONSKIER

MGRM

12/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date