

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000103139

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC8368176269**

**Entity Name:** 1075 N.W. BROKEN SOUND PARKWAY, LLC

**Current Principal Place of Business:**

1075 BROKEN SOUND PARKWAY NW, SUITE 100  
ATTN: JOHN SLAVIC  
BOCA RATON, FL 33487

**Current Mailing Address:**

1075 BROKEN SOUND PARKWAY NW, SUITE 100  
ATTN: JOHN SLAVIC  
BOCA RATON, FL 33487 US

**FEI Number:** 20-3654001

**Certificate of Status Desired:** No

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

SLAVIC, JOHN J  
1075 BROKEN SOUND PARKWAY NW  
SUITE 100  
BOCA RATON, FL 33487 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	Title	MGRM
Name	SLAVIC, JOHN J	Name	SANDLER, MICHAEL A
Address	1075 BROKEN SOUND PARKWAY NW, SUITE 100	Address	1075 BROKEN SOUND PARKWAY NW, SUITE 100
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

*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:** JOHN SLAVIC

**MGR**

**01/09/2015**

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

\_\_\_\_\_  
Date