

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000011136

**Entity Name:** WOOLBRIGHT CORAL SPRINGS II MEMBER LLC

**Current Principal Place of Business:**

2240 NW 19TH STREET SUITE 801  
BOCA RATON, FL 33431

**Current Mailing Address:**

2240 NW 19TH STREET SUITE 801  
BOCA RATON, FL 33431

**FEI Number:** 26-1107891

**Certificate of Status Desired:** No

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

WIENER, DAVID JESQ  
2240 NW 19TH STREET  
SUITE 801  
BOCA RATON, FL 33431 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	PRESIDENT	Title	VP, SECRETARY, TREASURER
Name	STILLER, DUANE J	Name	TYRIVER, SORAYA
Address	2240 NW 19TH STREET SUITE 801	Address	2240 NW 19TH STREET SUITE 801
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431
Title	VP		
Name	MORELL, JORGE		
Address	2240 NW 19TH STREET SUITE 801		
City-State-Zip:	BOCA RATON FL 33431		

*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:** SORAYA TYRIVER

VP

04/20/2017

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

\_\_\_\_\_  
Date