

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051580

**Entity Name:** RETAIL CENTERS 2 MEMBER LLC

**Current Principal Place of Business:**

505 S. FLAGLER DRIVE, SUITE 1100  
C/O PETER S. HOLTON  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

505 S. FLAGLER DRIVE, SUITE 1100  
C/O PETER S. HOLTON  
WEST PALM BEACH, FL 33401

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JONES FOSTER SERVICE, LLC  
505 S. FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401 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	P	Title	VST
Name	STILLER, DUANE J	Name	TYRIVER, SORAYA
Address	505 S. FLAGLER DRIVE, SUITE 1100	Address	505 S. FLAGLER DRIVE, SUITE 1100
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	V		
Name	MORELL, JORGE		
Address	505 S. FLAGLER DRIVE, SUITE 1100		
City-State-Zip:	WEST PALM BEACH FL 33401		

*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

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date