

2017 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	VP, SECRETARY, TREASURER
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

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date