

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006219

Entity Name: COBB PARTNERS GP, LLC

Current Principal Place of Business:

4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146

Current Mailing Address:

PO BOX 14-4200
CORAL GABLES, FL 33114-4200

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERDOMO, MERCEDES
4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146 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
Name COBB PARTNERS, INC.
Address PO BOX 14-4200
City-State-Zip: CORAL GABLES FL 33114-4200

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: PERDOMO, MERCEDES

RA

04/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date