

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000025394

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC6589082752**

**Entity Name:** BLUEGATE PARTNERS, LLC

**Current Principal Place of Business:**

ONE NORTH CLEMATIS STREET STE 200  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

ONE NORTH CLEMATIS STREET STE 200  
WEST PALM BEACH, FL 33401

**FEI Number:** 37-1565280

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC  
11380 PROSPERITY FARMS ROAD 221E  
PALM BEACH GARDENS, FL 33410 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 DELILLO, MARK A  
Address 1450 BROADWAY  
30TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title MGRM  
Name SACHS, DANIEL L  
Address 1450 BROADWAY  
30TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title MGRM  
Name FLORIDA CRYSTALS CORPORATION  
Address 1 N. CLEMATIS STREET, SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name FANJUL, JOSE F. JR.  
Address 1 N. CLEMATIS STREET, SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGRM  
Name BYLIN, ERIC M  
Address 420 ROYAL PALM WAY  
SUITE 310  
City-State-Zip: PALM BEACH FL 33480

*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:** ARMANDO A. TABERNILLA

**SECRETARY**

**03/28/2016**

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

\_\_\_\_\_  
Date