

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003430

**Entity Name:** SWIRE CARBONELL LLC

**Current Principal Place of Business:**

501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131

**Current Mailing Address:**

501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131

**FEI Number:** 06-1704024

**Certificate of Status Desired:** No

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

PEARSON, DALIA  
501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131 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:** DALIA PEARSON

04/10/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	PRESIDENT, ASST. SECRETARY
Name	BRADLEY, GUY	Name	OWENS, STEPHEN L
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	SECRETARY, TREASURER
Name	GANDOLFO, CHRISTOPHER	Name	PEARSON, DALIA
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	ASST. SECRETARY	Title	VP
Name	MCMAIN, BEVERLEY	Name	CHU, LINDA
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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:** DALIA PEARSON

04/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date