

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087598

**Entity Name:** GUATEMALA SHAREHOLDER II, LLC

**Current Principal Place of Business:**

5900 BROKEN SOUND PARKWAY NW  
BOCA RATON, FL 33487

**Current Mailing Address:**

5900 BROKEN SOUND PARKWAY NW  
BOCA RATON, FL 33487

**FEI Number:** 27-3325892

**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 GUATEMALA SHAREHOLDER I, LLC  
Address 5900 BROKEN SOUND PKWY, NW  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR, SECRETARY, SENIOR VICE PRESIDENT  
Name HUNT, THOMAS P  
Address 5900 BROKEN SOUND PARKWAY NW  
City-State-Zip: BOCA RATON FL 33487

Title SENIOR VICE PRESIDENT  
Name SILBERSTEIN, JASON  
Address 5900 BROKEN SOUND PARKWAY NW  
City-State-Zip: BOCA RATON FL 33487

*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:** GUATEMALA SHAREHOLDER I, LLC

MGRM

03/19/2015

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

\_\_\_\_\_  
Date