

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000109395

Entity Name: SOUTH FLORIDA DIVISION OF GFA, LLC

Current Principal Place of Business:

1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323

Current Mailing Address:

1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 US

FEI Number: 27-3799187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCUS, JILLIAN
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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: JILLIAN MARCUS

04/21/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: CEO
Name: GULMI, CLAIRE
Address: 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title: VP & T
Name: EASTRIDGE, KEVIN
Address: 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title: PRESIDENT
Name: COWARD, ROBERT
Address: 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title: EVP
Name: DROZDOW, GILBERT
Address: 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title: ASST SEC
Name: SANTARONE, STACY
Address: 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title: VP & S
Name: MARCUS, JILLIAN
Address: 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

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: JILLIAN MARCUS

VP

04/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date