

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000069696

FILED
Apr 27, 2016
Secretary of State
CC2186286275

Entity Name: THREE BRICKELL CITY CENTRE LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE, SUTIE 600
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE, SUTIE 600
MIAMI, FL 33131 US

FEI Number: 36-4781436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHU, LINDA
501 BRICKELL KEY DRIVE, SUTIE 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: LINDA CHU

04/27/2016

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, SUTIE 600	Address	501 BRICKELL KEY DRIVE, SUTIE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	ASST. SECRETARY
Name	GANDOLFO, CHRISTOPHER	Name	MCMAIN, BEVERLEY
Address	501 BRICKELL KEY DRIVE, SUTIE 600	Address	501 BRICKELL KEY DRIVE, SUTIE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	VP
Name	CHU, LINDA	Name	CORTABARRIA, GONZALO
Address	501 BRICKELL KEY DRIVE, SUTIE 600	Address	501 BRICKELL KEY DRIVE, SUTIE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP		
Name	ALES, EFREN		
Address	501 BRICKELL KEY DRIVE, SUTIE 600		
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: LINDA CHU

CFO

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date