

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000069735

FILED
Apr 27, 2016
Secretary of State
CC7571257559

Entity Name: BCC NORTH RESIDENTIAL LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE
STE 600
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE
STE 600
MIAMI, FL 33131

FEI Number: 32-0436486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHU, LINDA
501 BRICKELL KEY DRIVE
STE 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
Name: BRADLEY, GUY
Address: 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

Title: PRESIDENT, ASST. SECRETARY
Name: OWENS, STEPHEN L
Address: 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

Title: VP
Name: AGUILA, MAILE
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131

Title: VP
Name: GANDOLFO, CHRISTOPHER
Address: 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

Title: ASST. SECRETARY
Name: MCMAN, BEVERLEY
Address: 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

Title: VP
Name: CHU, LINDA
Address: 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

Title: VP
Name: CORTABARRIA, GONZALO
Address: 501 BRICKELL KEY DRIVE
STE 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