

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000090598

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC8799234177**

**Entity Name:** JST INVESTMENTS 210, LLC

**Current Principal Place of Business:**

1691 MICHIGAN AVE  
SUITE# 445  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1691 MICHIGAN AVE  
SUITE# 445  
MIAMI BEACH, FL 33139 US

**FEI Number:** 46-0569153

**Certificate of Status Desired:** No

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

MELAND, RUSSIN & BUDWICK, P.A.  
200 SOUTH BISCAYNE BLVD. SUITE 3200  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                 |                                 |                 |                                 |
|-----------------|---------------------------------|-----------------|---------------------------------|
| Title           | MGR                             | Title           | AUTHORIZED MEMBER               |
| Name            | GLASER, TODD                    | Name            | POSNER, SEAN                    |
| Address         | 1691 MICHIGAN AVE<br>SUITE# 445 | Address         | 1691 MICHIGAN AVE<br>SUITE# 445 |
| City-State-Zip: | MIAMI BEACH FL 33139            | City-State-Zip: | MIAMI BEACH FL 33139            |

*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:** SEAN C POSNER

**AUTHORIZED MEMBER**

**01/15/2015**

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

\_\_\_\_\_  
Date