

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000095407

**Entity Name:** AREP FLORIDA LLC

**Current Principal Place of Business:**

226 5TH AVENUE  
2ND FLOOR  
NEW YORK, NY 10001

**Current Mailing Address:**

226 5TH AVENUE  
2ND FLOOR  
NEW YORK, NY 10001 US

**FEI Number:** 46-0637169

**Certificate of Status Desired:** No

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

STONE, ROBERT  
5550 GLADES ROAD  
SUITE 500  
BOCA RATON, FL 33431 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  
Name CHARY, ARVIND  
Address 226 5TH AVENUE, 2ND FLOOR  
City-State-Zip: NEW YORK NY 10001

Title MGR  
Name FOSTER, ALEX  
Address 226 5TH AVENUE, 2ND FLOOR  
City-State-Zip: NEW YORK NY 10001

Title MGR  
Name STONE, ROBERT  
Address 5550 GLADES RD, SUITE 500  
City-State-Zip: BOCA RATON FL 33431

Title CONTROLLER  
Name SWEENEY, CHRIS  
Address 226 FIFTH AVE, 2ND FLOOR  
City-State-Zip: NEW YORK NY 10001

*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:** CHRIS SWEENEY

**CONTROLLER**

**01/20/2017**

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

\_\_\_\_\_  
Date