	Electronic Signature of Registered Agent	Date
SIGNATURE:	JEFF CUTLER	04/28/2014
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.		
CUTLER, JEFF 4000 PONCE DE LEON BOULEVARD SUITE790 CORAL GABLES, FL 33179 US		
FEI Number: NOT APPLICABLECeName and Address of Current Registered Agent:		Certificate of Status Desired: No
NORTH MIAM	IBEACH, FL 33179 US	

Title

Name

Address

City-State-Zip:

MGR

SUITE790

KRIEGER, RICHARD

CORAL GABLES FL 33179

4000 PONCE DE LEON BOULEVARD

# DOCUMENT# L12000108470

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: MRK TRYON NC, LLC

## **Current Principal Place of Business:**

4000 PONCE DE LEON BOULEVARD SUITE790 CORAL GABLES, FL 33179

## **Current Mailing Address:**

1850 N.E. 198 TERRACE NO

## FEI

### Nar

Authorized Person(s) Detail :

MGR

SUITE790

KRIEGER, MICHAEL

CORAL GABLES FL 33179

4000 PONCE DE LEON BOULEVARD

Title

Name

Address

City-State-Zip:

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: MICHAEL KRIEGER

MANAGER

#### 04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 28, 2014 Secretary of State CC4256632080

Date