

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000149986

FILED
Apr 22, 2014
Secretary of State
CC3201860440

Entity Name: SWIRE COMMERCIAL LEASING 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: 80-0883527

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEARSON, DALIA
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: DALIA PEARSON

04/22/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name CUBBON, MARTIN
Address 501 BRICKELL KEY DRIVE, STE. 600
City-State-Zip: MIAMI FL 33131

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

Title VP
Name KELLY, J. MEGAN
Address 501 BRICKELL KEY DRIVE, STE. 600
City-State-Zip: MIAMI FL 33131

Title AVP
Name OVERHOLT, DEBORA
Address 501 BRICKELL KEY DRIVE, STE. 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 S, T
Name PEARSON, DALIA
Address 501 BRICKELL KEY DRIVE, STE. 600
City-State-Zip: MIAMI FL 33131

Title AS
Name MCMAN, BEVERLEY
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: STEPHEN L. OWENS

PRES.

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date