

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000042361

Entity Name: 4890 ACCESS ROAD, LLC**Current Principal Place of Business:**1600 SAWGRASS CORPORATE PARKWAY, STE. 400
SUNRISE, FL 33323**Current Mailing Address:**1600 SAWGRASS CORPORATE PARKWAY, STE. 400
SUNRISE, FL 33323**FEI Number:** 37-1732470**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HELFMAN, STEVEN M ESQ
1600 SAWGRASS CORPORATE PARKWAY, STE. 400
SUNRISE, FL 33323 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	P
Name	EZRATTI, MISHA J.
Address	1600 SAWGRASS CORPORATE PARKWAY, STE. 400
City-State-Zip:	SUNRISE FL 33323

Title	VP, ASST. SECRETARY
Name	FANT, ALAN J.
Address	1600 SAWGRASS CORPORATE PARKWAY, STE. 400
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	NORWALK, RICHARD M.
Address	1600 SAWGRASS CORPORATE PARKWAY, STE. 400
City-State-Zip:	SUNRISE FL 33323

Title	VP, TREASURER
Name	MENENDEZ, N. MARIA
Address	1600 SAWGRASS CORPORATE PARKWAY, STE. 400
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	HELFMAN, STEVEN M.
Address	1600 SAWGRASS CORPORATE PARKWAY, STE. 400
City-State-Zip:	SUNRISE FL 33323

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: RICHARD M. NORWALK

VP

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date