

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000046000

**Entity Name:** 1500 E. SUNRISE BOULEVARD, LLC

**Current Principal Place of Business:**

200 S. WACKER DR.  
SUITE 2700  
CHICAGO, IL 60606

**Current Mailing Address:**

200 S. WACKER DR.  
SUITE 2700  
CHICAGO, IL 60606 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED MEMBER  
Name SHEFFIELD WOLK REVOCABLE TRUST UAD 6/3/1983, AS AMENDED AND RESTATED  
Address 150 S. WACKER DR. SUITE 1500  
City-State-Zip: CHICAGO IL 60606

*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:** SHEFFIELD WOLK

TRUSTEE

01/16/2020

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

\_\_\_\_\_ Date