# 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: JONATHAN ORSZAG	AUTHORIZED	04/23/2014
	REPRESENTATIVE	

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGRM
Name	JONATHAN ORSZAG REVOCABLE TRUST
Address	777 S. FLAGLER DR. STE 1500W C/O COMPASS LEXECON PERSONAL & CONFIDENTIAL
City-State-Zip:	WEST PALM BEACH FL 33401

SIGNATURE:

# **Current Principal Place of Business:**

Entity Name: LORING INVESTMENT, LLC

777 S. FLAGLER DR. STE 1500W C/O COMPASS LEXECON PERSONAL & CONFIDENTIAL WEST PALM BEACH, FL 33401

### **Current Mailing Address:**

DOCUMENT# L13000047672

777 S. FLAGLER DR. STE 1500W C/O COMPASS LEXECON PERSONAL & CONFIDENTIAL WEST PALM BEACH, FL 33401 US

### FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

ORSZAG, JONATHAN 777 S. FLAGLER DR. STE 1500W C/O COMPASS LEXECON PERSONAL & CONFIDENTIAL WEST PALM BEACH, FL 33401 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.

Certificate of Status Desired: No

Apr 23, 2014 Secretary of State CC0114835824

FILED

Date

Date

## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT