

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000078004

**Entity Name:** 530 SOUTH OCEAN BOULEVARD LLC

**Current Principal Place of Business:**

ADAIR & ASSOCIATES,P.A.,CPAS  
3200 N. UNIVERSITY DR, STE 204  
CORAL SPRINGS, FL 33065-4100

**Current Mailing Address:**

ADAIR & ASSOCIATES,P.A.,CPAS  
3200 N. UNIVERSITY DR. STE 204  
CORAL SPRINGS, FL 33065-4100 US

**FEI Number:** 46-5190433

**Certificate of Status Desired:** No

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

YOUNG, GREGORY E  
C/O SQUIRE SANDERS (US) LLP  
SUITE 2900 WEST, 777 SOUTH FLAGLER DRIVE  
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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title ASST. TREASURER  
Name ADAIR, MICHAEL R  
Address ADAIR & ASSOCIATES,P.A.,CPAS  
3200 N. UNIVERSITY DR. STE 204  
City-State-Zip: CORAL SPRINGS FL 33065-4100

*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 ADAIR

ASST TREASURER

02/08/2018

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

\_\_\_\_\_  
Date