

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000188697

**Entity Name:** 108 N. LOX, LLC

**Current Principal Place of Business:**

5240 WOODLAND LAKES DRIVE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

552 BEDFORD RD  
PLEASANTVILLE, NY 10570 US

**FEI Number:** 09-2544597

**Certificate of Status Desired:** No

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

STUART J. HAFT, ESQ.  
340 ROYAL POINCIANA WAY, STE321  
PALM BEACH, FL 33480 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           | MGR                    | Title           | MGR                    |
| Name            | POSA, ALISON S         | Name            | POSA, DANIELLE         |
| Address         | 552 BEDFORD RD         | Address         | 552 BEDFORD RD         |
| City-State-Zip: | PLEASANTVILLE NY 10570 | City-State-Zip: | PLEASANTVILLE NY 10570 |

*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:** DANIELLE POSA

**MANAGER**

**01/16/2017**

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

\_\_\_\_\_  
Date