

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000195038

**Entity Name:** POWERS AVENUE SENIOR GP, LLC

**Current Principal Place of Business:**

477 SOUTH ROSEMARY AVENUE  
SUITE 301  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

477 SOUTH ROSEMARY AVENUE  
SUITE 301  
WEST PALM BEACH, FL 33401

**FEI Number:** 47-2647304

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           TRG MEMBER OF FL II, LLC  
Address        477 SOUTH ROSEMARY AVENUE  
                  SUITE 301  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** KRISTIN MILLER

03/13/2018

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

\_\_\_\_\_  
Date