

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000016320

Entity Name: EAST-TOWN GP LLC**Current Principal Place of Business:**334 NE 1ST AVE
DELRAY BEACH, FL 33444**Current Mailing Address:**334 NE 1ST AVE
DELRAY BEACH, FL 33444 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUIR, KRISTIN M
334 NE 1ST AVE
DELRAY BEACH, FL 33444 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:** KRISTIN M MUIR

01/03/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	MUIR, ROBIN C
Address	334 NE 1ST AVE
City-State-Zip:	DELRAY BEACH FL 33444

Title	MANAGER
Name	MUIR, KRISTIN M
Address	334 NE 1ST AVE
City-State-Zip:	DELRAY BEACH FL 33444

Title	MANAGER
Name	COLLER, SHAUN C
Address	334 NE 1ST AVE
City-State-Zip:	DELRAY BEACH FL 33444

Title	MANAGER
Name	MUIR, ROBERT CLARK
Address	334 NE 1ST AVE
City-State-Zip:	DELRAY BEACH FL 33444

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 M MUIR

MANAGER

01/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date