

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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 MALA MANAGER  
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

01/31/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

Title MGR  
Name COLLER, SHAUN  
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 MUIR

MANAGER

01/31/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date