

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000021198

**Entity Name:** WSV 3501 SR 419 LLC

**Current Principal Place of Business:**

60 BROAD STREET  
NEW YORK, NY 10004

**Current Mailing Address:**

60 BROAD STREET  
NEW YORK, NY 10004 US

**FEI Number:** 27-5281969

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7  
DAVIE, FL 33314 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  
Name ECKSTEIN, SHIMON  
Address 60 BROAD STREET  
City-State-Zip: NEW YORK NY 10004

Title AMBR  
Name WSV GILBERT LLC  
Address 60 BROAD STREET  
City-State-Zip: NEW YORK NY 10004

*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:** SHIMON ECKSTEIN

**OWNER**

**01/16/2017**

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

\_\_\_\_\_  
Date