

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000161354

**Entity Name:** CLAIBORNE HOUSE TAMPA, LLC**Current Principal Place of Business:**18 E 50TH ST 10TH FLOOR  
NEW YORK, NY 10922**Current Mailing Address:**18 E 50TH ST 10TH FLOOR  
NEW YORK, NY 10922**FEI Number:** 81-0693531**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERSON, GARY N  
1645 PALM BEACH LAKES BLVD STE 1200  
WEST PALM BEACH, FL 33401 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	AUTHORIZED MEMBER
Name	FRAYDUN, MANOCHERIAN
Address	18 EAST 50TH STREET-10TH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	MANAGER
Name	SCOTT, SOLOMON
Address	18 EAST 50TH STREET-10TH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	AUTHORIZED REPRESENTATIVE
Name	CHAUHAN, SANJAY
Address	18 EAST 50TH STREET-10TH FLOOR
City-State-Zip:	NEW YORK NY 10022

*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:** SCOTT SOLOMON

MANAGER

01/13/2020

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