

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000077472

**Entity Name:** 5900 BROKEN SOUND, LLC

**Current Principal Place of Business:**

5901 BROKEN SOUND PRKWY NW  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

5901 BROKEN SOUND PRKWY NW  
SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

COGENCY GLOBAL INC.  
115 N CALHOUN ST  
STE 4  
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:** TIMOTHY E. FLANIGAN

07/14/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LYNDE, DENNIS P  
Address 20 NORTH MARTINGALE ROAD  
SUITE 180  
City-State-Zip: SCHAUMBURG IL 60173

Title MANAGER  
Name WILLIAMS, CORNEL  
Address 1600 KONGENS GADE  
City-State-Zip: ST THOMAS OC 00802

*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:** DENNIS P. LYNDE

MANAGER

07/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date