

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000077472

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

**Current Principal Place of Business:**

5900 BROKEN SOUND PRKWY NW  
BOCA RATON, FL 33487

**Current Mailing Address:**

5900 BROKEN SOUND PRKWY NW  
BOCA RATON, FL 33487 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 LYNDE, DENNIS P  
Address 5900 BROKEN SOUND PRKWY NW  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name WILLIAMS, CORNEL  
Address 5900 BROKEN SOUND PRKWY NW  
City-State-Zip: BOCA RATON FL 33487

*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**

**03/06/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date