

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000202019

**FILED**  
**Feb 07, 2018**  
**Secretary of State**  
**CC4510548666**

**Entity Name:** ALTMAN GRAND CENTRAL OFFICE TAMPA, LLC

**Current Principal Place of Business:**

1515 S. FEDERAL HIGHWAY, STE. 300  
BOCA RATON, FL 33432

**Current Mailing Address:**

1515 S. FEDERAL HIGHWAY, STE. 300  
BOCA RATON, FL 33432 US

**FEI Number:** 81-4321490

**Certificate of Status Desired:** No

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

BCRA, LLC  
7777 GLADES ROAD, STE. 300  
BOCA RATON, FL 33434 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 ALTIS GRAND CENTRAL CAPITAL, LLC  
Address LLC 1515 S. FED. HGWY., STE. 300  
City-State-Zip: BOCA RATON FL 33432

Title PRESIDENT  
Name ALTMAN, JOEL L  
Address 1515 S. FEDERAL HIGHWAY, STE. 300  
City-State-Zip: BOCA RATON FL 33432

Title VICE PRESIDENT, SECRETARY  
Name PETERSON, TIMOTHY A  
Address 1515 S. FEDERAL HIGHWAY, STE. 300  
City-State-Zip: BOCA RATON FL 33432

Title VP  
Name ROBERTS, JEFFERY A  
Address 1515 S. FEDERAL HIGHWAY, STE. 300  
City-State-Zip: BOCA RATON FL 33432

*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: MANAGING MEMBER**

**02/07/2018**

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

\_\_\_\_\_  
Date