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.

TREASURER

SIGNATURE: JEFFREY GIFFORD

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L18000058644

Entity Name: 2545 OLD OKEECHOBEE, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

2545 OLD OKEECHOBEE RD. WEST PALM BEACH. FL 33409

Current Mailing Address:

112 S. TRYON STREET SUITE 200 CHARLOTTE, NC 28284 US

FEI Number: 83-1163273

Name and Address of Current Registered Agent:

ROBERT LEE SHAPIRO, P.A. 2401 PGA BLVD #280 B PALM BEACH GARDENS, FL 33410 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

Authorized Person(s) Detail :

Title	MGR	Title	TREASURER
Name	LKV, LLC	Name	GIFFORD, JEFFREY
Address	112 S. TRYON STREET SUITE 200	Address	112 S. TRYON STREET SUITE 200
City-State-Zip:	CHARLOTTE NC 28284	City-State-Zip:	CHARLOTTE NC 28284

Certificate of Status Desired: No

Date

02/01/2019

Date

FILED Feb 01, 2019 Secretary of State 3031546315CC