

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000002383

**Entity Name:** LINCOLN 845 LLC**Current Principal Place of Business:**C/O JENEL MANAGEMENT CORP  
275 MADISON AVE SUITE 1100  
NEW YORK, NY 10016**Current Mailing Address:**C/O JENEL MANAGEMENT CORP  
275 MADISON AVE SUITE 1100  
NEW YORK, NY 10016 US**FEI Number:** 22-3616443**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIVERSIFIED CORPORATE SERVICES INT'L, INC.  
18560 NORTH BAY ROAD  
SUNNY ISLES BEACH, FL 33160-2439 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:** S/ JERRY JOSEPH, PRESIDENT

02/26/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name 845 LINCOLN MANAGING MEMBER CORPORATION  
Address 275 MADISON AVE. SUITE 1100  
City-State-Zip: NEW YORK NY 10016

Title MGRM  
Name DUSHEY, JACK  
Address 275 MADISON AVENUE SUITE 1100  
City-State-Zip: NEW YORK NY 10016

Title MGRM  
Name DUSHEY, DAVID  
Address 1020 PARK AVE, 15A  
City-State-Zip: NEW YORK NY 10028

Title MGRM  
Name HIRSCHHORN, MICHAEL  
Address 30 FAIR LANE  
City-State-Zip: JERICO NY 11753

Title MGRM  
Name DUSHEY, SAMMY  
Address 944 PARK AVE #12  
City-State-Zip: NEW YORK NY 10028

Title MGRM  
Name DUSHEY, ABRAHAM  
Address 9 EAST 40TH ST, MEZZANINE  
City-State-Zip: NEW YORK NY 10016

*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:** 845 LINCOLN MANAGING MEMBER CORPORATION, PRESIDENT  
MGRM, BY JACK DUSHEY

02/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date