

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000000683

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC4705684670**

**Entity Name:** 9701 COLLINS AVENUE, LLC

**Current Principal Place of Business:**

9002 SAN MARCO COURT  
ORLANDO, FL 32819

**Current Mailing Address:**

15147 N. SCOTTSDALE RD.  
SUITE H-210  
SCOTTSDALE, AZ 85254

**FEI Number:** 20-4053995

**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 CEO, PRESIDENT  
Name RIVERA, SERGIO D  
Address 9002 SAN MARCO COURT  
City-State-Zip: ORLANDO FL 32819

Title SVP  
Name THOMAS, THORP S  
Address 9002 SAN MARCO COURT  
City-State-Zip: ORLANDO FL 32819

Title SVP, ASST. SECRETARY  
Name CARTER, VICTORIA H  
Address 9002 SAN MARCO COURT  
City-State-Zip: ORLANDO FL 32819

Title VP, ASST. SECRETARY  
Name OVERTON, BARBARA  
Address ONE STARPOINT  
City-State-Zip: STAMFORD CT 06902

Title SVP, COO  
Name WILLIAMS, STEPHEN G  
Address 9002 SAN MARCO COURT  
City-State-Zip: ORLANDO FL 32819

Title ASST. TREASURER  
Name BUCKWALTER, JOHN  
Address 15147 N. SCOTTSDALE RD., STE H-210  
City-State-Zip: SCOTTSDALE AZ 85254

Title VP  
Name BEDELL, HEIDI  
Address 9002 SAN MARCO COURT  
City-State-Zip: ORLANDO FL 32819

Title VP, TREASURER  
Name CASSIN, LISA  
Address 9002 SAN MARCO COURT  
City-State-Zip: ORLANDO FL 32819

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*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:** JOHN BUCKWALTER

**ASSISTANT TREASURER** 04/17/2014

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title ASST. SECRETARY  
Name COHEN, JASON F  
Address ONE STARPOINT  
City-State-Zip: STAMFORD CT 06902

Title VP, SECRETARY  
Name HALLADAY, ANGELA K  
Address 9002 SAN MARCO COURT  
City-State-Zip: ORLANDO FL 32819

Title VP, ASST. SECRETARY  
Name SUAREZ, ROBIN L  
Address 9002 SAN MARCO COURT  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name FORDSMAN, KEITH  
Address 1170 KANE CONCOURSE  
City-State-Zip: BAL HARBOUR FL 33154

Title VP  
Name MCGILL, HEATHER  
Address 9002 SAN MARCO COURT  
City-State-Zip: ORLANDO FL 32819