## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000525

Entity Name: KC INVESTORS FLORIDA I, LLC

**Current Principal Place of Business:** 

17895 COLLINS AVE.

SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:** 

17895 COLLINS AVE.

SUNNY ISLES BEACH. FL 33160 US

FEI Number: 20-8432918 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

FILED May 01, 2018

**Secretary of State** 

CC7880086032

Authorized Person(s) Detail:

Title AUTHORIZED MEMBER Title MANAGER

Name INVESTMENT PARTNERS III, LLC Name T2 COS MANAGEMENT, INC

Address 17895 COLLINS AVE. Address 17895 COLLINS AVE.

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP Title EVP

NameLIEB, JAMESNameHIRSCH, MARK SAddress17895 COLLINS AVE.Address17895 COLLINS AVE.

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SVP Title AVP

Name TODES, MARK Name TORPEY, CARITE L

Address 17895 COLLINS AVE. Address 17895 COLLINS AVE.

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

TitleCO CHAIRMANTitleCO CHAIRMANNameTRUMP, JULIUSNameTRUMP, EDDIE

Address 17895 COLLINS AVE. Address 17895 COLLINS AVE.

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

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: CARITE L TORPEY

Electronic Signature of Signing Authorized Person(s) Detail

05/01/2018

Date