

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 28, 2015
Secretary of State
CC5653620697

Entity Name: CRYSTAL INVESTORS FLORIDA, LLC

Current Principal Place of Business:

4000 ISLAND BLVD., PH-2
AVENTURA, FL 33160

Current Mailing Address:

4000 ISLAND BLVD., PH-2
AVENTURA, FL 33160

FEI Number: 26-0160557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED MEMBER
Name CRYSTAL IF HOLDINGS, LLC
Address 4000 ISLAND BLVD., PH-2
City-State-Zip: AVENTURA FL 33160

Title CC
Name TRUMP, JULIUS
Address 4000 ISLAND BOULEVARD PH2
City-State-Zip: AVENTURA FL 33160

Title CC
Name TRUMP, EDDIE
Address 4000 ISLAND BOULEVARD PH2
City-State-Zip: AVENTURA FL 33160

Title EVP
Name HIRSCH, MARK
Address 4000 ISLAND BOULEVARD PH2
City-State-Zip: AVENTURA FL 33160

Title EVP
Name LIEB, JAMES
Address 4000 ISLAND BOULEVARD PH2
City-State-Zip: AVENTURA FL 33160

Title AVP
Name TORPEY, CARITE L
Address 4000 ISLAND BOULEVARD PH2
City-State-Zip: AVENTURA FL 33160

Title VP
Name DEGNAN, BRIAN T
Address 4000 ISLAND BLVD., PH-2
City-State-Zip: AVENTURA FL 33160

Title MANAGER
Name TH CO MANAGEMENT, INC
Address 4000 ISLAND BLVD., PH-2
City-State-Zip: AVENTURA 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

AVP

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date