## 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002010

Entity Name: CRYSTAL INVESTORS FLORIDA, 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: 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

FILED Apr 25, 2017

**Secretary of State** 

CC1217271928

Authorized Person(s) Detail:

Title AUTHORIZED MEMBER Title CC

Name CRYSTAL IF HOLDINGS, LLC Name TRUMP, JULIUS

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 CC Title EVP

Name TRUMP, EDDIE Name HIRSCH, MARK

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 AVP

NameLIEB, JAMESNameTORPEY, CARITE LAddress17895 COLLINS AVE.Address17895 COLLINS AVE.

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

TitleMANAGERTitleSVP, MGRDNameT2 COS MANAGEMENT, INCNameTRUMP, JOSHUA

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 AVP

Electronic Signature of Signing Authorized Person(s) Detail

04/25/2017 Date