

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004364

**Entity Name:** BAYSIDE MARKETPLACE, LLC

**Current Principal Place of Business:**

401 BISCAYNE BOULEVARD  
SUITE R-106  
MIAMI, FL 33132

**FILED**  
**May 23, 2020**  
**Secretary of State**  
**8718592580CC**

**Current Mailing Address:**

401 BISCAYNE BOULEVARD  
SUITE R-106  
MIAMI, FL 33132 US

**FEI Number:** 52-1421915

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WELLER, PAMELA  
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:** PAMELA WELLER

05/23/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title SECRETARY  
Name HERRON, STACIE L  
Address 110 NORTH WACKER DRIVE  
City-State-Zip: CHICAGO IL 60606

Title TREASURER  
Name BERMAN, MICHAEL B  
Address 110 NORTH WACKER DRIVE  
City-State-Zip: CHICAGO IL 60606

Title VP  
Name COURTIS, KATHLEEN M  
Address 110 NORTH WACKER DRIVE  
City-State-Zip: CHICAGO IL 60606

Title CEO  
Name MATHRANI, SANDEEP  
Address 110 NORTH WACKER DRIVE  
City-State-Zip: CHICAGO IL 60606

Title COO  
Name KHAN, SHOBI  
Address 110 NORTH WACKER DRIVE  
City-State-Zip: CHICAGO IL 60606

Title SENIOR GENERAL MANAGER  
Name WELLER, PAMELA  
Address 401 BISCAYNE BOULEVARD  
SUITE R-106  
City-State-Zip: MIAMI FL 33132

*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:** PAMELA WELLER

**SENIOR GENERAL  
MANAGER**

05/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date