

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000002941

**Entity Name:** ONBOARD.COM LLC

**Current Principal Place of Business:**

1691 MICHIGAN AVE, STE. 600  
MIAMI, FL 33139

**Current Mailing Address:**

1691 MICHIGAN AVE, STE. 600  
MIAMI, FL 33139

**FEI Number:** 45-5524897

**Certificate of Status Desired:** No

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

RENO, SARAH B  
1691 MICHIGAN AVE, STE. 600  
MIAMI, FL 33139 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           MANAGER  
Name           BRENNAN, EDWARD J.  
Address        1691 MICHIGAN AVE, STE. 600  
City-State-Zip: MIAMI FL 33139

Title           MANAGER  
Name           ARES, MICHAELIDES  
Address        1691 MICHIGAN AVE, STE. 600  
City-State-Zip: MIAMI FL 33139

Title           MANAGER  
Name           RENO, SARAH BETH  
Address        1691 MICHIGAN AVE, STE. 600  
City-State-Zip: MIAMI FL 33139

Title           CHAIRMAN  
Name           BRENNAN, EDWARD J.  
Address        1691 MICHIGAN AVE, STE. 600  
City-State-Zip: MIAMI FL 33139

Title           PRESIDENT  
Name           RENO, SARAH BETH  
Address        1691 MICHIGAN AVE, STE. 600  
City-State-Zip: MIAMI FL 33139

Title           VICE PRESIDENT & TREASURER  
Name           MICHAELIDES, ARES  
Address        1691 MICHIGAN AVE, STE. 600  
City-State-Zip: MIAMI FL 33139

Title           VICE PRESIDENT  
Name           JOHNSON, MAUREEN  
Address        19 EAST 57TH STREET  
                  FIFTH FLOOR  
City-State-Zip: NEW YORK NY 10022

*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:** LOUISE FIRESTONE

**SECRETARY**

**01/06/2016**

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

\_\_\_\_\_  
Date