

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005177

**Entity Name:** SFLC BUILDING 1 LLC

**Current Principal Place of Business:**

2855 LEJEUNE ROAD 4TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2855 LEJEUNE ROAD 4TH FLOOR  
CORAL GABLES, FL 33134

**FEI Number:** 36-4746455

**Certificate of Status Desired:** No

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

COBB, KOLLEEN O.P.  
2855 LEJEUNE ROAD 4TH FLOOR  
CORAL GABLES, FL 33134 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 VP, ASST. SECRETARY  
Name MARTINEZ, MARGARITA M.  
Address 2855 LEJEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name SIGNORELLO, VINCENT  
Address 2855 LEJEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP, SECRETARY  
Name COBB, KOLLEEN O.  
Address 2855 LEJEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name MARCUS, DANIEL  
Address 2855 LEJEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP, TREASURER  
Name GODOY, JUAN  
Address 2855 LEJEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name SCOTT, CHRIS  
Address 2855 LEJEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

*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:** KOLLEEN COBB

**VICE PRESIDENT**

**04/21/2015**

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

\_\_\_\_\_  
Date