2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000288

Entity Name: ACQUALINA REALTY, LLC

Current Principal Place of Business:

17895 COLLINS AVENUE

SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17780 COLLINS AVENUE

2ND FLOOR

SUNNY ISLES BEACH, FL 33160 US

FEI Number: 46-1716043 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:

Address

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title EVP, ASST. SECRETARY

Name TG CO MANAGEMENT,INC Name LIEB, JAMES M

Address 17780 COLLINS AVENUE Address 17780 COLLINS AVENUE

2ND FLOOR 2ND FLOOR

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

Title A-VP, ASST. SECRETARY, ASST. Title MGR., VP, BROKER TREASURER

Name DILLON, DONALD B

Name TORPEY, CARITE Address 14852 68TH DRIVE NORTH

Address 17780 COLLINS AVENUE 2ND FLOOR City-State-Zip: PALM BEACH GARDENS FL

City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CONTROLLER

Title SRVP, CFO Name WEINFELD, GARY

Name SHMUELI, OREN Address 17780 COLLINS AVENUE

Address 17780 COLLINS AVENUE 2ND FLOOR

2ND FLOOR City-State-Zip: SUNNY ISLES BEACH FL 33160

City-State-Zip: SUNNY ISLES BEACH FL 33160
Title EVP, MANAGING DIRECTOR

Title TREASURER Name ROBERTSON, JOHNATHAN

Name GARCIA, ANDRES Address 17780 COLLINS AVENUE

2ND FLOOR

17780 COLLINS AVENUE

2ND FLOOR 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: OREN SHMUELI SRVP/CFO 04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 24, 2019

Secretary of State

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