2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000001023

Entity Name: W R C PROPERTIES, LLC

Current Principal Place of Business:

730 THIRD AVE NEW YORK, NY 10017

Current Mailing Address:

730 THIRD AVE MS: 730/12/02 NEW YORK, NY 10017 US

FEI Number: 51-0141732

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US FILED Feb 08, 2019 Secretary of State 8951823675CC

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Authorized	Person(s) Detail :		
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	SIMPKINS, BRAD E.	Name	RAGLAND, JOHN
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	ACOSTA, JANET	Name	BAIR, SHARON E.
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	CORNUKE, JOHN	Name	HANCOCK, ALEXANDER E.
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	ROLLINS, TODD HOWARD	Name	COHEN, DONNA
Address	730 THIRD AVENUE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
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Continues on page 2

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: MARTINA	DAVIS
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SECRETARY

02/08/2019

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	FISK, MICHAEL D.	Name	GIRALDO, RANDY
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
,			
Title		Title	
Name	HERTER III, WALTER BEH	Name	JOSEPH, JILLIAN E.
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	MARTIN, MANUEL	Name	MILLER, NANCY
Address	730 THIRD AVE	Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	MILLER, WILLIAM M.	Name	PIERRE-MERRITT, MARJORIE
Address	730 THIRD AVE	Address	730 THIRD AVE 12TH FLOOR MS:730/12/02
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
Title	AUTHORIZED REPRESENTATIVE	Title	
Name	STEFFENS, GABRIEL	Title	
Address	730 THIRD AVE	Name Address	WEINDLING, FRANCESCA 730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017
		City-State-Zip.	NEW TORK NT TOUT
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED MEMBER
Name	CIFELLI, NICHOLAS	Title Name	AUTHORIZED MEMBER TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA
Name Address	CIFELLI, NICHOLAS 730 THIRD AVE		TEACHERS INSURANCE AND
Name	CIFELLI, NICHOLAS	Name	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA
Name Address	CIFELLI, NICHOLAS 730 THIRD AVE	Name Address City-State-Zip:	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA 730 THIRD AVE NEW YORK NY 10017
Name Address City-State-Zip:	CIFELLI, NICHOLAS 730 THIRD AVE NEW YORK NY 10017	Name Address City-State-Zip: Title	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA 730 THIRD AVE NEW YORK NY 10017 AUTHORIZED REPRESENTATIVE
Name Address City-State-Zip: Title	CIFELLI, NICHOLAS 730 THIRD AVE NEW YORK NY 10017 AUTHORIZED REPRESENTATIVE, SECRETARY	Name Address City-State-Zip: Title Name	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA 730 THIRD AVE NEW YORK NY 10017 AUTHORIZED REPRESENTATIVE DE ALCANTARA, ADRIANA
Name Address City-State-Zip: Title Name	CIFELLI, NICHOLAS 730 THIRD AVE NEW YORK NY 10017 AUTHORIZED REPRESENTATIVE, SECRETARY DAVIS , MARTINA 730 THIRD AVE	Name Address City-State-Zip: Title Name Address	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA 730 THIRD AVE NEW YORK NY 10017 AUTHORIZED REPRESENTATIVE DE ALCANTARA, ADRIANA 730 THIRD AVE
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