

**2023 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

**FILED**  
**Apr 25, 2023**  
**Secretary of State**  
**9779730142CC**

**Current Mailing Address:**

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

**FEI Number:** 51-0141732

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 AUTHORIZED REPRESENTATIVE  
Name RAMOS, JANET  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name BAIR, SHARON E.  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name CORNUKE, JOHN  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name ROLLINS, TODD HOWARD  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name COHEN, DONNA  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name JOSEPH, JILLIAN E.  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name MILLER, NANCY  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name MILLER, WILLIAM M.  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

**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:** WAYNE AGARD

**SECRETARY**

**04/25/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED REPRESENTATIVE  
Name WEINDLING, FRANCESCA  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED SIGNER  
Name RUSSO, CHARLES C.  
Address 501 BRICKELL KEY DRIVE  
SUITE 504  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED REPRESENTATIVE  
Name CHAPERON, JULIEN  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title SECRETARY  
Name AGARD, WAYNE  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED MEMBER  
Name TEACHERS INSURANCE AND  
ANNUITY ASSOCIATION OF AMERICA  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name BOAN, RYAN  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED SIGNER  
Name ADAMS, CHRISTOPHER C.  
Address 501 BRICKELL KEY DRIVE  
SUITE 504  
City-State-Zip: MIAMI FL 33131