

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400000134

Entity Name: SFLC BUILDING 2 LLC

Current Principal Place of Business:

2855 LEJEUNE RD 4TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

2855 LEJEUNE RD 4TH FLOOR
CORAL GABLES, FL 33134

FEI Number: 80-0963774

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

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

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

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

Title VP, ASST. SECRETARY
Name MARTINEZ, MARGARITA M.
Address 2855 LEJEUNE RD 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