

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500004323

**Entity Name:** AQ PROPERTY MANAGEMENT, LLC

**FILED**  
**Feb 14, 2017**  
**Secretary of State**  
**CC7688403259**

**Current Principal Place of Business:**

17780 COLLINS AVENUE  
2ND FLOOR  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17780 COLLINS AVENUE  
2ND FLOOR  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number: 47-4130879**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MP  
Name YAGER-FLEMING, DEBORAH  
Address 17875 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP,S,GC  
Name HIRSCH, MARK S  
Address 41 MADISON AVE, STE 4101  
City-State-Zip: NEW YORK NY 10010

Title EVP,AS  
Name LIEB, JAMES  
Address PO BOX 86  
City-State-Zip: EAST BRUNSWICK NJ 08816

Title CFO  
Name GARCIA, JAIR  
Address 17875 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SVP,MD  
Name TRUMP, JOSHUA  
Address 41 MADISON AVE, STE 4101  
City-State-Zip: NEW YORK NY 10010

Title VP  
Name SHMUELI, OREN  
Address 17780 COLLINS AVENUE  
2ND FLOOR  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title T, AS  
Name LILLYCROP, WILLIAM J  
Address 17780 COLLINS AVENUE  
2ND FLOOR  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AVP,AS,AT  
Name TORPEY, CARITE L  
Address PO BOX 186  
City-State-Zip: EAST BRUNSWICK NJ 08816

*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: WILLIAM J. LILLYCROP**

**TREASURER**

**02/14/2017**

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

\_\_\_\_\_  
Date