## **2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000007696

Entity Name: AAF PABS BORROWER LLC

**Current Principal Place of Business:** 

2855 LE JEUNE ROAD 4TH FLOOR CORAL GABLES, FL 33134

**Current Mailing Address:** 

2855 LE JEUNE ROAD 4TH FLOOR CORAL GABLES. FL 33134 US

FEI Number: 32-0475838 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBB, KOLLEEN 2855 LE JEUNE ROAD 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

FILED Jan 10, 2017

**Secretary of State** 

CC9769639439

Authorized Person(s) Detail :

Title P Title VP

Name REININGER, P.MICHAEL Name SIGNORELLO, VINCENT

Address 2855 LE JEUNE ROAD 4TH FLOOR Address 2855 LE JEUNE ROAD 4TH FLOOR

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title VP,S Title VP, T, ASST. SECRETARY
Name COBB, KOLLEEN Name GODOY, JUAN (RUSTY)

Address 2855 LE JEUNE ROAD 4TH FLOOR Address 2855 LE JEUNE ROAD 4TH FLOOR

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title VP, CFO Title VP

Name ENDERBY, HEATHER Name SNYDER, MARSHALL BRUCE
Address 2855 LE JEUNE ROAD 4TH FLOOR Address 2855 LE JEUNE ROAD 4TH FLOOR

City-State-Zip: CORAL GABLES FL 33134 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 01/10/2017