## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000008214

Entity Name: FLORIDA KEYS PERIPHERAL, LLC

**Current Principal Place of Business:** 

225 W WASHINGTON ST. INDIANAPOLIS, IN 46204

## **Current Mailing Address:**

C/O CORPORATE PARALEGAL 225 W WASHINGTON ST, P.O. BOX7033 INDIANAPOLIS, IN 46207-7033 US

FEI Number: 47-5281689 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Authorized Person(s) Detail:

Title MBR Title VP

NameSIMON PROPERTY GROUP, L.P.NameBROAS, MATTHEW JAddress225 W WASHINGTON ST.Address225 W WASHINGTON ST.City-State-Zip:INDIANAPOLIS IN 46204City-State-Zip:INDIANAPOLIS IN 46204

TitleSECRETARYTitleASST. SECRETARYNameFIVEL, STEVEN ENameGUGIG, DARRYL E

Address 225 W WASHINGTON ST. Address 225 W WASHINGTON ST.

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER AND VP Title VP

Name MCDADE, BRIAN Name RULLI, JOHN

Address 225 W WASHINGTON ST. Address 225 W WASHINGTON ST.

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title COO AND EVP Title COB

Name SILVESTRI, MARK Name SIMON, DAVID

Address 225 W WASHINGTON ST. Address 225 W WASHINGTON ST.

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

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: STEVEN E FIVEL SECRETARY 06/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jun 24, 2020

**Secretary of State** 

2959426767CC

Date

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

Title ASST. SECRETARY Title VP

Name SNYDER, ALEXANDER L.W. Name THYGESEN, MIKAEL

Address 225 W WASHINGTON ST.

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT

Name WEINSTEIN, LAWRENCE
Address 225 W WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204