

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000008666

**Entity Name:** DIV/MAINSTREET 5500 BROKEN SOUND JV, LLC

**Current Principal Place of Business:**

2101 W COMMERCIAL BLVD SUITE 1200  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

2101 W COMMERCIAL BLVD SUITE 1200  
FT LAUDERDALE, FL 33309 US

**FEI Number:** 47-5331581

**Certificate of Status Desired:** No

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

BCRA,LLC  
LYNN FINANCIAL CENTER  
1905 NW CORPORATE BLVD SUITE 310  
BOCA RATON, FL 33431 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	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	MAINSTREET 5500 BROKEN SOUND, LTD.	Name	DIMARIO, JOSEPH
Address	2101 W COMMERCIAL BLVD SUITE 1200	Address	2101 W COMMERCIAL BLVD SUITE 1200
City-State-Zip:	FT LAUDERDALE FL 33309	City-State-Zip:	FT LAUDERDALE FL 33309
Title	AUTHORIZED REPRESENTATIVE		
Name	KILGALLON, PAUL J		
Address	2101 W COMMERCIAL BLVD SUITE 1200		
City-State-Zip:	FT LAUDERDALE FL 33309		

*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:** PAUL KILGALLON

**PRESIDENT**

**04/05/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date