

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000010107

**Entity Name:** COUNTYLINE I LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

2855 LE JEUNE RD, 4TH FLOOR  
CORAL GABLES, FL 33134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COBB, KOLLEEN O.P.  
2855 LE JEUNE 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:** KOLLEEN O.P. COBB

02/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name SUTTON, CHRISTOPHER J  
Address 2855 LE JEUNE RD, 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

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

Title VP, TREASURER  
Name GODOY, JUAN (RUSTY)  
Address 2855 LE JEUNE RD, 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP, ASST. SECRETARY  
Name MARTINEZ, MARGARITA M  
Address 2855 LE JEUNE RD, 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name SNYDER, MARSHALL BRUCE  
Address 2855 LE JEUNE 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

02/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date