

2017 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, COLLEEN 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name SIGNORELLO, VINCENT
Address 2855 LE JEUNE RD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

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

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

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

Title VP
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****03/15/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date