

2016 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

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****07/11/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date