

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000002525

**Entity Name:** A3 SOUTH DEVELOPMENT, LLC**Current Principal Place of Business:**17780 COLLINS AVE. 2ND FLOOR  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17780 COLLINS AVE. 2ND FLOOR  
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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
Name	TG CO MANAGEMENT, INC.
Address	17780 COLLINS AVE. 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	EVP, A-SEC
Name	LIEB, JAMES
Address	17780 COLLINS AVE. 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	EVP, SECRETARY
Name	HIRSCH, MARK
Address	17780 COLLINS AVE. 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	SVP, MANAGING DIRECTOR
Name	TRUMP, JOSHUA
Address	17780 COLLINS AVE. 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	AVP, ASST. SECRETARY
Name	TORPEY, CARITE
Address	17780 COLLINS AVE. 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	ASST. SECRETARY
Name	FELDMAN, RICHARD
Address	17780 COLLINS AVE. 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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:** JAMES LIEB

EVP

04/25/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date