2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000004475

Entity Name: DTS 2MC OFFICE 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: 35-2561642 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:

Electronic Signature of Registered Agent

Date

Date

FILED Mar 30, 2017

Secretary of State

CC6377527143

Authorized Person(s) Detail:

Title P Title VP

Name REININGER, P.MICHAEL Name SIGNORELLO, VINCENT

Address 2855 LE JEUNE RD. 4TH FLOOR Address 2855 LE JEUNE RD. 4TH FLOOR

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title VPS Title VPTS

Name COBB, KOLLEEN Name GODOY, JUAN

Address 2855 LE JEUNE RD. 4TH FLOOR Address 2855 LE JEUNE RD. 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title CFO Title VP

Name ENDERBY, HEATHER Name ENDERBY, HEATHER

Address 2855 LE JEUNE RD. 4TH FLOOR Address 2855 LE JEUNE RD. 4TH FLOOR

City-State-Zip: CORAL GABLES FL 33134 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 O.P. COBB VICE PRESIDENT 03/30/2017

Electronic Signature of Signing Authorized Person(s) Detail