

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000006191

**Entity Name:** COUNTYLINE 2 LLC**Current Principal Place of Business:**2855 LE JEUNE ROAD 4TH FLOOR  
CORAL GABLES, FL 33134**Current Mailing Address:**2855 LE JEUNE ROAD 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 ROAD 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	VP
Name	SUTTON, CHRISTOPHER J
Address	2855 LE JEUNE ROAD 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

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

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

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

Title	VP
Name	SNYDER, MARSHALL BRUCE
Address	2855 LE JEUNE ROAD 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