## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000006214

Entity Name: COUNTYLINE BUILDING 1 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: 38-4053500 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

Authorized Person(s) Detail :

Title VP Title VP, SECRETARY

Name SUTTON, CHRISTOPHER J Name COBB, KOLLEEN

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, TREASURER Title VP, ASST. SECRETARY
Name GODOY, JUAN (RUSTY) Name MARTINEZ, MARGARITA M

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 B

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

Electronic Signature of Signing Authorized Person(s) Detail

VICE PRESIDENT

04/06/2018

FILED Apr 06, 2018

**Secretary of State** 

CC4530344435

Date

Date