

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000000348

Entity Name: IN COMMON, LLC**Current Principal Place of Business:**3800 NE 1ST AVENUE
6TH FLOOR
MIAMI, FL 33137**Current Mailing Address:**3800 NE 1ST AVENUE
6TH FLOOR
MIAMI, FL 33137 US**FEI Number:** 47-1841948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name SHARP, JONATHAN
Address 3800 NE 1ST AVENUE
6TH FLOOR
City-State-Zip: MIAMI FL 33137

Title PRESIDENT
Name CORTES, ALBIE
Address 3800 NE 1ST AVENUE
6TH FLOOR
City-State-Zip: MIAMI FL 33137

Title CFO
Name SHARP, JONATHAN
Address 3800 NE 1ST AVENUE
6TH FLOOR
City-State-Zip: MIAMI FL 33137

Title SECRETARY
Name MYERS, MALLORY
Address 3800 NE 1ST AVENUE
6TH FLOOR
City-State-Zip: MIAMI FL 33137

Title MANAGER
Name SANTOS, NIKKI LEE
Address 3800 NE 1ST AVENUE
6TH FLOOR
City-State-Zip: MIAMI FL 33137

Title MANAGER
Name CAPRI LEWIS, RIAWNA
Address 3800 NE 1ST AVENUE
6TH FLOOR
City-State-Zip: MIAMI FL 33137

Title MEMBER
Name LUXURY BRAND PARTNERS, LLC
Address 3800 NE 1ST AVENUE
6TH FLOOR
City-State-Zip: MIAMI FL 33137

Title MANAGER
Name FINGER, TEVYA
Address 3800 NE 1ST AVENUE
6TH FLOOR
City-State-Zip: MIAMI FL 33137

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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: LUXURY BRAND PARTNERS, LLC

MEMBER

05/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	KADEY, MOSS
Address	33 CHARLES ST. EAST STE 3604
City-State-Zip:	TORONTO ONTARIO M4Y OA2