

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000007177

Entity Name: CSGBSH SEBASTIANFL II, LLC**Current Principal Place of Business:**1 PRESIDENTIAL BLVD
SUITE 201
BALA CYNWYD, PA 19004**Current Mailing Address:**1 PRESIDENTIAL BLVD
SUITE 201
BALA CYNWYD, PA 19004 US**FEI Number: NOT APPLICABLE****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:** BREE ZAHNER, ASSISTANT SECRETARY

03/21/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title MANAGER
Name THACKER, GEORGE
Address 1 PRESIDENTIAL BLVD
SUITE 201
City-State-Zip: BALA CYNWYD PA 19004Title MANAGER
Name BEHAR, IAN
Address 1 PRESIDENTIAL BLVD
SUITE 201
City-State-Zip: BALA CYNWYD PA 19004Title MANAGER
Name SASSON, RYAN
Address 1 PRESIDENTIAL BLVD
SUITE 201
City-State-Zip: BALA CYNWYD PA 19004Title MANAGER
Name BLUMKIN, DANIEL
Address 1 PRESIDENTIAL BLVD
SUITE 201
City-State-Zip: BALA CYNWYD PA 19004Title MANAGER
Name SCHONTZ, RICHARD
Address 1 PRESIDENTIAL BLVD
SUITE 201
City-State-Zip: BALA CYNWYD PA 19004Title MANAGER
Name KAPLAN, LAWRENCE
Address 1 PRESIDENTIAL BLVD
SUITE 201
City-State-Zip: BALA CYNWYD PA 19004

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: RICHARD SCHONTZ

MANAGER

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date