

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000010629

**Entity Name:** PHILLIPS EDISON GROCERY CENTER OP GP II LLC

**Current Principal Place of Business:**

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249

**Current Mailing Address:**

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title CHIEF ACCOUNTING OFFICER AND SENIOR VICE PRESIDENT  
Name ROBISON, JENNIFER  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title SENIOR VICE PRESIDENT  
Name SCHLOSSER, JOE  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title CHAIRMAN AND CHIEF EXECUTIVE OFFICER  
Name EDISON, JEFFREY S.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title PRESIDENT  
Name MURPHY, DEVIN I.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title CHIEF OPERATING OFFICER AND EXECUTIVE VICE PRESIDENT  
Name MYERS, ROBERT F.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title GENERAL COUNSEL, CHIEF ETHICS AND COMPLIANCE OFFICER, EXECUTIVE VICE PRESIDENT AND SECRETARY  
Name BRADY, TANYA E.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title CFO, EXECUTIVE VICE PRESIDENT AND TREASURER  
Name CAULFIELD, JOHN P.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

*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:** JENNIFER ROBISON

CHIEF ACCOUNTING OFFICER AND SENIOR VICE PRESIDENT

04/02/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date