

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000011878

**Entity Name:** 8890 FOUNDERS SQUARE SP, LLC**Current Principal Place of Business:**C/O WILLIAM WARREN PROPERTIES, INC.  
201 WILSHIRE BLVD #102  
SANTA MONICA, CA 90401**Current Mailing Address:**C/O WILLIAM WARREN PROPERTIES, INC.  
P O BOX 2034  
SANTA MONICA, CA 90406 US**FEI Number:** 36-4996570**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES INC  
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	AP
Name	PORTER, CLARK
Address	201 WILSHIRE BLVD #102
City-State-Zip:	SANTA MONICA CA 90401

Title	AP
Name	HOBIN, WILLIAM
Address	201 WILSHIRE BLVD #102
City-State-Zip:	SANTA MONICA CA 90401

Title	AP
Name	HOBIN, TIMOTHY
Address	201 WILSHIRE BLVD #102
City-State-Zip:	SANTA MONICA CA 90401

Title	AP
Name	SUGARMAN, GARY
Address	201 WILSHIRE BLVD #102
City-State-Zip:	SANTA MONICA CA 90401

*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:** CLARK PORTER**MEMBER****03/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date