

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000011878

**Entity Name:** 8890 FOUNDERS SQUARE SP, LLC

**Current Principal Place of Business:**

100 WILSHIRE BLVD STE 400  
SANTA MONICA, CA 90401

**Current Mailing Address:**

100 WILSHIRE BLVD STE 400  
SANTA MONICA, CA 90401 US

**FEI Number:** 36-4996570

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FILEJET INC.  
625 E. TWIGG ST STE 110  
TAMPA, FL 33602 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

**CFO**

**03/08/2024**

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

\_\_\_\_\_  
Date