

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000013760

Entity Name: GVI/GC BRADENTON MARY ANN OWNER, LLC

FILED
Apr 04, 2022
Secretary of State
6726590359CC

Current Principal Place of Business:

900 NORTH MICHIGAN AVENUE
SUITE 1400
CHICAGO, IL 60611

Current Mailing Address:

900 NORTH MICHIGAN AVENUE
SUITE 1400
CHICAGO, IL 60611 US

FEI Number: 87-3288862

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 AP
Name MALKIN, BARRY A
Address 900 NORTH MICHIGAN AVENUE,
SUITE 1450
City-State-Zip: CHICAGO IL 60611

Title AP
Name ELRAD, MICHAEL A
Address 900 NORTH MICHIGAN AVENUE,
SUITE 1450
City-State-Zip: CHICAGO IL 60611

Title AP
Name CAFFARELLI, CRAIG R
Address 900 NORTH MICHIGAN AVENUE,
SUITE 1450
City-State-Zip: CHICAGO IL 60611

Title AP
Name ROMICK, JONATHAN C
Address 900 NORTH MICHIGAN AVENUE,
SUITE 1450
City-State-Zip: CHICAGO IL 60611

Title AUTHORIZED REPRESENTATIVE
Name EWING, KAREN M
Address 900 NORTH MICHIGAN AVENUE
SUITE 1400
City-State-Zip: CHICAGO IL 60611

Title AUTHORIZED REPRESENTATIVE
Name HELLEBUSCH, LOUIS D
Address 900 NORTH MICHIGAN AVENUE
SUITE 1400
City-State-Zip: CHICAGO IL 60611

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: KAREN M EWING

**AUTHORIZED
REPRESENTATIVE**

04/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date