# 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 P. BOLLINI II	AUTHORIZED REPRESENTATIVE	04/07/2024
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Electronic Signature of Signing Authorized Person(s) Detail

### Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	SPOKES, ANDREW J. M.	Name	BOLLINI, RICHARD P. II
Address	ONE MARITIME PLAZA SUITE 2100	Address	ONE MARITIME PLAZA SUITE 2100
City-State-Zip:	SAN FRANCISCO CA 94111	City-State-Zip:	SAN FRANCISCO CA 94111

#### SUITE 810 ROSEMONT, IL 60018

**Current Principal Place of Business:** 

#### **Current Mailing Address:**

10275 W. HIGGINS ROAD

DOCUMENT# M21000014519

10275 W. HIGGINS ROAD **SUITE 810** ROSEMONT, IL 60018 US

### FEI Number: 87-3151384

SIGNATURE:

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US

2024 FOREIGN LIMITED LIABILITY COMPANY ANN	IUAL REPORT

Entity Name: 86554 GENE LASSERRE BLVD OWNER, LLC

### FILED Apr 07, 2024 Secretary of State 4707610829CC

Certificate of Status Desired: No

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.

Date

Date