

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000005110

**Entity Name:** 5320 USEPPA SP, LLC

**Current Principal Place of Business:**

201 WILSHIRE PROPERTIES, INC.  
WILLIAM WARREN PROPERTIES, INC.  
SANTA MONICA, CA 90401

**Current Mailing Address:**

201 WILSHIRE PROPERTIES, INC.  
WILLIAM WARREN PROPERTIES, INC.  
SANTA MONICA, CA 90401 US

**FEI Number:** 88-1523040

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 S PINE ISLAND RD  
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 PROPERTIES, INC.  
City-State-Zip: SANTA MONICA CA 90401

Title AUTHORIZED MEMBER  
Name WILLIAM HOBIN  
Address 201 WILSHIRE PROPERTIES, INC.  
WILLIAM WARREN PROPERTIES, INC.  
City-State-Zip: SANTA MONICA CA 90401

Title AUTHORIZED MEMBER  
Name TIMOTHY HOBIN  
Address 201 WILSHIRE PROPERTIES, INC.  
WILLIAM WARREN PROPERTIES, INC.  
City-State-Zip: SANTA MONICA CA 90401

Title AUTHORIZED MEMBER  
Name GARY SUGARMAN  
Address 201 WILSHIRE PROPERTIES, INC.  
WILLIAM WARREN PROPERTIES, INC.  
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

AP

04/27/2023

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

\_\_\_\_\_  
Date