

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010251

**FILED**  
**Jan 11, 2017**  
**Secretary of State**  
**CC9715540809**

**Entity Name:** THE COLLECTION LLC

**Current Principal Place of Business:**

200 BIRD ROAD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

200 BIRD ROAD  
CORAL GABLES, FL 33146 US

**FEI Number:** 65-1035297

**Certificate of Status Desired:** No

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

MARKS, EVAN R  
INTERNATIONAL PLACE  
100 S.E. 2ND STREET, SUITE 2700  
MIAMI, FL 33131 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           PRES  
Name           GORIN, KENNETH TPRES  
Address        200 BIRD ROAD  
City-State-Zip: CORAL GABLES FL 33146

Title           VPRE  
Name           RUSTIN, LAWRENCE HVPRES  
Address        445 GRAND BAY DR #1202  
City-State-Zip: MIAMI FL 33149

Title           SECT  
Name           RUSTIN, LAWRENCE HSECT  
Address        445 GRAND BAY DR #1202  
City-State-Zip: MIAMI FL 33149

Title           TREA  
Name           MURPHY, ART  
Address        4409 SANTA MARIA ST  
City-State-Zip: MIAMI FL 33146

Title           MGR  
Name           COLOMBO, UGO MGR  
Address        701 BRICKELL AVE #3150  
City-State-Zip: MIAMI FL 33131

*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:** LAWRENCE RUSTIN

**VICE-PRESIDENT**

**01/11/2017**

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

\_\_\_\_\_  
Date