

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013943

Entity Name: MERRICK VIEW HOLDINGS, LLC

Current Principal Place of Business:

4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146

Current Mailing Address:

4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146

FEI Number: 81-0645557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOMSTEIN, BRIAN E
4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146 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 MGRP
Name ERTEL, DAVID
Address 4425 PONCE DE LEON BLVD, 4TH FLOOR
City-State-Zip: MIAMI FL 33146

Title MGRSVP
Name QUINT, DAVID
Address 4425 PONCE DE LEON BLVE, 4TH FL
City-State-Zip: MIAMI FL 33146

Title SVS
Name BOMSTEIN, BRIAN E
Address 4425 PONCE DE LEON BLVD, 4TH FLR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name GOLDMAN, JOEL
Address 4425 PONCE DE LEON BLVD, 4TH FL
City-State-Zip: MIAMI FL 33146

Title SVP
Name WILLIAMS, MARVIN
Address 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP & ASST SECTY
Name CARR, THOMAS F
Address 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name LOMINAC, EVE
Address 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP & CONTROLLER
Name GLASSMAN, MARK
Address 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Continues on page 2

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: BRIAN E. BOMSTEIN

SVP

04/16/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title SVP
Name O'NEIL, SEAN
Address 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name CHIMIENTI, ANTONIO
Address 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146