

**2020 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 FLR  
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

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*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**

**06/25/2020**

\_\_\_\_\_  
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