2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013943

Entity Name: MERRICK VIEW HOLDINGS, LLC

FILED
Apr 04, 2017
Secretary of State
CC8116103081

Date

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:

Electronic Signature of 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:

Address

Authorized Person(s) Detail :

Title MGRP Title MGRSVP

Name ERTEL, DAVID Name QUINT, DAVID

Address 4425 PONCE DE LEON BLVD, 4TH Address 4425 PONCE DE LEON BLVE, 4TH FL

FLOOR

City-State-Zip: MIAMI FL 33146

Title SVS

Name BOMSTEIN, BRIAN E FISCHER, JOHN H

Address 4425 PONCE DE LEON BLVD, 4TH FLR

City-State-Zip: MIAMI FL 33146

City-State-Zip: CORAL GABLES FL 33146
Title SVP

Title SVP Name WILLIAMS, MARVIN

Name GOLDMAN, JOEL Address 4425 PONCE DE LEON BLVD., 4TH

Address 4425 PONCE DE LEON BLVD, 4TH FL FLOOR

City-State-Zip: CORAL GABLES FL 33146

City-State-Zip: MIAMI FL 33146

Title SVP & ASST SECTY Name LOMINAC, EVE

Name CARR, THOMAS F
Address 4425 PONCE DE LEON BLVD., 4TH

4425 PONCE DE LEON BLVD., 4TH FLOOR

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City-State-Zip: CORAL GABLES FL 33146

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SVP

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.

Title

SIGNATURE: BRIAN E. BOMSTEIN SVP 04/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

SVP

Title

FIRST VP & CONTROLLER Title Title FIRST VP

Name GLASSMAN, MARK Name GUSS, MICHAEL

Address 4425 PONCE DE LEON BLVD., 4TH FLOOR Address 4425 PONCE DE LEON BLVD., 4TH

FLOOR

SVP

City-State-Zip: CORAL GABLES FL 33146 CORAL GABLES FL 33146 City-State-Zip:

SVP AND TREASURER Title Title

Name LIEBLICH, JAMES Name O'NEIL, SEAN 4425 PONCE DE LEON BLVD., 4TH FLOOR Address

4425 PONCE DE LEON BLVD., 4TH Address City-State-Zip: CORAL GABLES FL 33146

FLOOR

CORAL GABLES FL 33146 City-State-Zip:

Title VP CHIMIENTI, ANTONIO Name

Name SANDLER, GREGORY 4425 PONCE DE LEON BLVD., 4TH FLOOR Address

Address 4425 PONCE DE LEON BLVD., 4TH City-State-Zip: CORAL GABLES FL 33146

FLOOR

City-State-Zip: CORAL GABLES FL 33146