

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000013943

**FILED**  
**Apr 10, 2014**  
**Secretary of State**  
**CC2166204309**

**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 MGRS  
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 SVPT  
Name FISCHER, JOHN H  
Address 4425 PONCE DE LEON BLVD, 4TH FLR  
City-State-Zip: MIAMI 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

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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

**SECRETARY**

**04/10/2014**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

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

Title            SVP AND TREASURER  
Name            LIEBLICH, JAMES  
Address        4425 PONCE DE LEON BLVD., 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title            FIRST VP  
Name            GUSS, MICHAEL  
Address        4425 PONCE DE LEON BLVD., 4TH  
                  FLOOR  
City-State-Zip: CORAL GABLES FL 33146