2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000023283

Entity Name: MILLER WEST INVESTMENT, L.L.C.

May 13, 2022 Secretary of State 9795757983CC

FILED

Current Principal Place of Business:

500 NORTH BROADWAY, SUITE 201

JERICHO, NY 11753

Current Mailing Address:

500 NORTH BROADWAY, SUITE 201 JERICHO, NY 11753 US

FEI Number: 20-1554423 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title **MEMBER** Title AUTHORIZED SIGNATORY

MILLER WEST INVESTMENT FLYNN, CONOR C. Name Name

MANAGER, LLC 500 NORTH BROADWAY, SUITE 201 Address

Address 500 NORTH BROADWAY, SUITE 201 City-State-Zip: JERICHO NY 11753

City-State-Zip: JERICHO NY 11753

Title **AUTHORIZED SIGNATORY** Title **AUTHORIZED SIGNATORY**

Name COHEN, GLENN G. Name COOPER, ROSS

Address 500 NORTH BROADWAY, SUITE 201 Address 500 NORTH BROADWAY, SUITE 201

JERICHO NY 11753 City-State-Zip: JERICHO NY 11753 City-State-Zip:

AUTHORIZED SIGNATORY Title Title **AUTHORIZED SIGNATORY**

Name EDWARDS, RAYMOND COOPER, MILTON

Name Address 500 NORTH BROADWAY, SUITE 201 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753 JERICHO NY 11753 City-State-Zip:

Title **AUTHORIZED SIGNATORY**

Title AUTHORIZED SIGNATORY Name LANDRO, LEAH

JAMIESON, DAVID Name 500 NORTH BROADWAY, SUITE 201 Address

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753 City-State-Zip: JERICHO NY 11753

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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.

05/13/2022 SIGNATURE: GAZERRO, KATHLEEN M. **AUTHORIZED** SIGNATORY

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title AUTHORIZED SIGNATORY

Name RUBENSTEIN, BRUCE

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name BUJNICKI, DAVID

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name TEICHMAN, WILLIAM

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name ADDISON, DIANE

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name BRIAMONTE, BARBARA E.

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name COX, STUART

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name DOMB, DAVID

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name FISHER, KENNETH

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name GERBER, SCOTT

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name \mbox{KLEIN} , \mbox{BRETT} N.

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Title AUTHORIZED SIGNATORY

Name TADDEO, THOMAS

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name GLAZER, GEOFFREY

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name THAYER, KATHLEEN

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name BAZYDLO, GARY J.

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name BROWN, NICHOLAS

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name DECKER, CARMEN

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name DOOLEY, PAUL

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name FREEMAN, CHRISTOPHER

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name HASSAN, ELAINE T.

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name LEE, JASON

Address

Address 500 NORTH BROADWAY, SUITE 201

500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name O'CONNOR , HILARY J.

Name MAISCH, JENNIFER

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name RAMON, JULIO

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name SIMMONS, III, WILBUR E.

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name WEINKRANZ , JOSHUA

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name WESTBROOK, PAUL

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

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Title AUTHORIZED SIGNATORY

Name ROSSI , M. CHRISTINA

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name SISWICK, JONATHAN

Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY

Name WEINREB, HARVEY G.

Address 500 NORTH BROADWAY, SUITE 201

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Name GAZERRO, KATHLEEN M.

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