

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081058

Entity Name: 1 HAMILTON LLC**Current Principal Place of Business:**19540 PLANTERS POINTE DRIVE
BOCA RATON, FL 33434**Current Mailing Address:**19540 PLANTERS POINTE DRIVE
BOCA RATON, FL 33434**FEI Number:** 02-0751702**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KARYO, ARLENE
19540 PLANTERS POINTE DRIVE
BOCA RATON, FL 33434 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	MGRM
Name	KARYO, ARLENE
Address	19540 PLANTERS POINTE DRIVE
City-State-Zip:	BOCA RATON FL 33434

Title	MGRM
Name	KARYO, ARMAND
Address	213 SONATA COURT
City-State-Zip:	EASTPORT NY 11941

Title	MGRM
Name	KARYO, MICHEL
Address	5539 NORTH MILITARY TRAIL,
City-State-Zip:	BOCA RATON FL 33496

Title	MGRM
Name	SHIFF, CATHERINE
Address	75 HAZELWOOD DRIVE
City-State-Zip:	JERICO NY 11753

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: ARLENE KARYO**PARTNER****03/25/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date