2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053936

Entity Name: SEAGIS HIALEAH LLC

Current Principal Place of Business:

C/O SEAGIS PROPERTY GROUP 100 FRONT STREET, SUITE 350 WEST CONSHOHOCKEN, PA 19428

Current Mailing Address:

C/O SEAGIS PROPERTY GROUP 100 FRONT STREET, SUITE 350 WEST CONSHOHOCKEN, PA 19428 US

FEI Number: 20-5993103

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD TALLAHASSEE, 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.

MINDY FRAU		03/12/2018
Electronic Signature of Registered Agent		Date
erson(s) Detail :		
MGRM	Title	MGR
SEAGIS PROPERTY GROUP LP	Name	BEGIER, JOHN B
100 FRONT STREET, SUITE 350	Address	100 FRONT STREET, SUITE 350
WEST CONSHOHOCKEN PA 19428	City-State-Zip:	WEST CONSHOHOCKEN PA 19428
MGR	Title	MGR
LEE, CHARLES C	Name	MOYER, KENNETH R
100 FRONT STREET, SUITE 350	Address	100 FRONT STREET, SUITE 350
NEST CONSHOHOCKEN PA 19428	City-State-Zip:	WEST CONSHOHOCKEN PA 19428
MGR		
MCKENNA, TIMOTHY E		
100 FRONT STREET, SUITE 350		
NEST CONSHOHOCKEN PA 19428		
	erson(s) Detail : MGRM SEAGIS PROPERTY GROUP LP 00 FRONT STREET, SUITE 350 VEST CONSHOHOCKEN PA 19428 MGR LEE, CHARLES C 00 FRONT STREET, SUITE 350 VEST CONSHOHOCKEN PA 19428 MGR MCKENNA, TIMOTHY E 00 FRONT STREET, SUITE 350	Arson(s) Detail :MGRMTitleSEAGIS PROPERTY GROUP LPName00 FRONT STREET, SUITE 350AddressVEST CONSHOHOCKEN PA 19428City-State-Zip:MGRTitle.EE, CHARLES CName00 FRONT STREET, SUITE 350AddressVEST CONSHOHOCKEN PA 19428City-State-Zip:MGRMGR.CEST CONSHOHOCKEN PA 19428City-State-Zip:MGRMGRMGRMGRMGRMOTHY E00 FRONT STREET, SUITE 350State-Zip:

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: TIMOTHY MCKENNA

CFO

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date