

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058705

Entity Name: WOOLBRIGHT CASCADES MEMBER LLC

Current Principal Place of Business:

2240 NW 19TH STREET SUITE 801
BOCA RATON, FL 33431

Current Mailing Address:

2240 NW 19TH STREET SUITE 801
BOCA RATON, FL 33431

FEI Number: 26-0899602

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIENER, DAVID J
2240 NW 19TH STREET
SUITE 801
BOCA RATON, FL 33431 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 PRESIDENT
Name STILLER, DUANE J
Address 2240 NW 19TH STREET SUITE 801
City-State-Zip: BOCA RATON FL 33431

Title VP
Name MORELL, JORGE
Address 2240 NW 19TH STREET SUITE 801
City-State-Zip: BOCA RATON FL 33431

Title VP, SECRETARY
Name TYRIVER, SORAYA
Address 2240 NW 19TH STREET SUITE 801
City-State-Zip: BOCA RATON FL 33431

Title TREASURER
Name MARTIN, RANDAL L.
Address 2240 NW 19TH STREET SUITE 801
City-State-Zip: BOCA RATON FL 33431

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: SORAYA TYRIVER

VP

03/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date