

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000033835

Entity Name: LYRIC GP LLC

**Current Principal Place of Business:**

120 FORBES BLVD  
SUITE 180  
MANSFIELD, MA 02048-1150

**Current Mailing Address:**

120 FORBES BLVD  
SUITE 180  
MANSFIELD, MA 02048-1150 US

FEI Number: 26-2329422

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

LOVELL, TERRY M ESQ.  
2200 MUSEUM TOWER  
150 W. FLAGLER STREET  
MIAMI, FL 33130 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: TERRY M LOVELL

01/22/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name THE GATEHOUSE GROUP, INC.  
Address 120 FORBES BLVD SUITE 180  
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED MEMBER  
Name PLONSKIER, MARC S  
Address 120 FORBES BLVD SUITE 180  
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED MEMBER  
Name CANEPARI, DAVID J  
Address 120 FORBES BLVD SUITE 180  
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED REPRESENTATIVE  
Name HAMPTON, SARITA D  
Address 120 FORBES BLVD SUITE 180  
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED REPRESENTATIVE  
Name YORKSHAITIS, ROGER  
Address 120 FORBES BLVD SUITE 180  
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED REPRESENTATIVE  
Name INAMDAR, NIKUL A  
Address 445 NW 4TH STREET SUITE 108  
City-State-Zip: MIAMI FL 33128-1701

Title AUTHORIZED REPRESENTATIVE  
Name LEO, JENNIFER S  
Address 120 FORBES BLVD SUITE 180  
City-State-Zip: MANSFIELD MA 02048-1150

Title AUTHORIZED REPRESENTATIVE  
Name LEONARDO, CHRISTOPHER  
Address 120 FORBES BLVD SUITE 180  
City-State-Zip: MANSFIELD MA 02048-1150

*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: MARC S PLONSKIER

AUTHORIZED MEMBER

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date