

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051104

Entity Name: 1515 SAWGRASS, LLC

Current Principal Place of Business:

6022 WEST CHESTER PIKE, STE 100
NEWTOWN SQUARE, PA 19073

Current Mailing Address:

6022 WEST CHESTER PIKE, STE 100
NEWTOWN SQUARE, PA 19073

FEI Number: 26-2794246

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name COLKET, RUTH M
Address 6022 WEST CHESTER PIKE, STE 100
City-State-Zip: NEWTOWN SQUARE PA 19073

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: RUTH M COLKET

MGR

01/27/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date