

**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