

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000130547

**Entity Name:** KIMZAY GROVE OUTPARCEL, LLC

**Current Principal Place of Business:**

3333 NEW HYDE PARK RD, SUITE 100  
NEW HYDE PARK, NY 11042

**Current Mailing Address:**

3333 NEW HYDE PARK RD, SUITE 100  
NEW HYDE PARK, NY 11042 US

**FEI Number:** NOT APPLICABLE

**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           MANAGING MEMBER  
Name           KIMZAY OF FLORIDA, INC.  
Address        3333 NEW HYDE PARK RD, SUITE 100  
  
City-State-Zip: NEW HYDE PARK NY 11042

*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:** KIMZAY OF FLORIDA, INC.

MANAGING MEMBER

04/11/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date