

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000024672

Entity Name: 6600 NORTH ANDREWS AVENUE, LLC**Current Principal Place of Business:**280 PARK AVENUE
NEW YORK, NY 10017**Current Mailing Address:**280 PARK AVENUE
NEW YORK, NY 10017 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 ASSISTANT SECRETARY
Name CLEARY, ERIC
Address 280 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title PRESIDENT
Name AZZOPARDI, STEVEN
Address 280 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title ASSISTANT TREASURER
Name HUTTNER, ERIC
Address 280 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title SECRETARY
Name O'BRIEN, MICHAEL
Address 280 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title TREASURER
Name ROBINSON, MAEVE
Address 280 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

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: MICHAEL O'BRIEN**SECRETARY****04/22/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date