

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000040314

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC0699334003**

**Entity Name:** 7500 MARSH COVE LLC

**Current Principal Place of Business:**

7500 MARSH COVE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

7500 MARSH COVE  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 45-4857347

**Certificate of Status Desired:** No

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

CUSCELA, MARY LEE W  
7500 MARSH COVE  
PALM BEACH GARDENS, FL 33418 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	MGRM	Title	MGRM
Name	CARLSON, SUSAN	Name	SIANO, KRISTIN
Address	620 GUARD HILL ROAD	Address	60 FAIRWAY AVENUE
City-State-Zip:	BEDFORD NY 10506	City-State-Zip:	RYE NY 10580

Title            AUTHORIZED REPRESENTATIVE  
Name            VECCHIO, EUGENIA M  
Address        550 MAMARONECK AVENUE  
                  EUGENIA M. VECCHIO & ASSOCIATES  
                  210  
City-State-Zip: HARRISON NY 10528

*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:** EUGENIA M. VECCHIO, ESQ

**ATTORNEY**

**01/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date