

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000177754

Entity Name: ELITE MODEL MANAGEMENT MIAMI, LLC

Current Principal Place of Business:

119 WASHINGTON AVENUE
SUITE 501
MIAMI BEACH, FL 33139

FILED
Apr 25, 2016
Secretary of State
CC2426345265

Current Mailing Address:

245 FIFTH AVENUE
24TH FLOOR
NEW YORK, NY 10016

FEI Number: 46-4445465

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 AUTHORIZED MEMBER
Name ELITE MODEL MANAGEMENT, LLC
Address 245 FIFTH AVENUE
24TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title C
Name TRUMP, EDDIE
Address 4000 ISLAND BLVD PH-2
City-State-Zip: AVENTURA FL 33160

Title EVP
Name HIRSCH, MARK S
Address 4000 ISLAND BLVD., PH-2
City-State-Zip: AVENTURA FL 33160

Title EVP
Name LIEB, JAMES
Address 4000 ISLAND BLVD, PH-2
City-State-Zip: AVENTURA FL 33160

Title CONTROLLER
Name SENUTO, DAVID
Address 245 FIFTH AVENUE
24TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title AVP
Name TORPEY, CARITE L
Address 4000 ISLAND BLVD., PH-2
City-State-Zip: AVENTURA FL 33160

Title AVP
Name FELDMAN, RICHARD
Address 4000 ISLAND BLVD., PH-2
City-State-Zip: AVENTURA FL 33160

Title DIRECTOR OF OPERATIONS
Name BUONFANTE, PAOLO
Address 119 WASHINGTON AVENUE
SUITE 501
City-State-Zip: MIAMI BEACH FL 33139

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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: CARITE L TORPEY

AVP

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name TH CO MANAGEMENT, INC
Address 4000 ISLAND BLVD., PH2
City-State-Zip: AVENTURA FL 33160

Title SVP
Name TRUMP, JOSHUA
Address 4000 ISLAND BLVD., PH-2
City-State-Zip: AVENTURA FL 33160