

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000109343

**Entity Name:** 1059 ROUTE 59 LLC

**Current Principal Place of Business:**

1250 NORTH DEARBORN  
CHICAGO, IL 60610

**Current Mailing Address:**

575 SOUTH 2ND STREET  
102  
NAPLES, FL 34102 US

**FEI Number:** 47-4402454

**Certificate of Status Desired:** No

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

FAVIA, VITO  
575 2ND STREET SOUTH  
UNIT 102  
NAPLES, FL 34102 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            AMBR  
Name            VITO FAVIA REVOCABLE TRUST OF  
                    2015  
Address        575 2ND STREET SOUTH UNIT 102  
City-State-Zip:   NAPLES FL 34102

Title            AMBR  
Name            HANEBERG, GLENN  
Address        4155 PRAIRIE CROSSING  
City-State-Zip:   SAINT CHARLES IL 60175

*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:** VITO FAVIA

**MEMBER**

**03/02/2016**

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

\_\_\_\_\_  
Date