

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000136626

**Entity Name:** BH FORSE GP LLC

**Current Principal Place of Business:**

18660 COLLINS AVENUE  
SUITE 107  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

18660 COLLINS AVENUE  
SUITE 107  
SUNNY ISLES, FL 33160 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LUDMIR, IAN  
18660 COLLINS AVENUE  
SUITE 107  
SUNNY ISLES, FL 33160 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 MGR  
Name LUDMIR, IAN  
Address 18660 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES FL 33160

Title MGR  
Name KLEIN, ANDRES  
Address 150 SE 2ND AVE SUITE 1100  
City-State-Zip: MIAMI FL 33131

*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:** ANDRES KLEIN

**AUTH REP**

**04/18/2016**

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

\_\_\_\_\_  
Date