

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000136630

Entity Name: BH FORSE MIDTOWN 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:

BH FORSE GP LLC
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 BH FORSE GP LLC
Address 18660 COLLINS AVENUE
City-State-Zip: SUNNY ISLES FL 33160

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