

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000005885

**Entity Name:** 1520 SOUTH TOWER LLC

**Current Principal Place of Business:**

400 NORTH FLAGLER DRIVE, D5  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

P.O. BOX 366  
ARDMORE, PA 19003 UN

**FEI Number:** 81-1014593

**Certificate of Status Desired:** No

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

RAHM, LORAIN C  
400 NORTH FLAGLER DRIVE, D5  
WEST PALM BEACH, FL 33401 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 RAHM, LORAIN C  
Address 400 NORTH FLAGLER DRIVE, D5  
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER  
Name CONWAY, THOMAS JOSEPH IV  
Address P.O. BOX 366  
City-State-Zip: ARDMORE 19003

*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:** THOMAS J CONWAY IV

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date