

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000041359

**Entity Name:** 9800 CALUSA CLUB DRIVE, LLC

**Current Principal Place of Business:**

1600 SAWGRASS CORP PKWY, #400  
SUNRISE, FL 33323

**Current Mailing Address:**

1600 SAWGRASS CORP PKWY, #400  
SUNRISE, FL 33323 US

**FEI Number:** 81-2045612

**Certificate of Status Desired:** No

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

HELFMAN, STEVEN M.  
1600 SAWGRASS CORP PKWY, #400  
SUNRISE, FL 33323 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:** STEVEN M. HELFMAN

04/10/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            EZRATTI, MISHA J.  
Address        1600 SAWGRASS CORP PKWY, #400  
City-State-Zip: SUNRISE FL 33323

Title            VP, ASST. SECRETARY  
Name            FANT, ALAN J.  
Address        1600 SAWGRASS CORP PKWY, #400  
City-State-Zip: SUNRISE FL 33323

Title            VP  
Name            NORWALK, RICHARD M.  
Address        1600 SAWGRASS CORP PKWY, #400  
City-State-Zip: SUNRISE FL 33323

Title            VP, TREASURER  
Name            MENENDEZ, N. MARIA  
Address        1600 SAWGRASS CORP PKWY, #400  
City-State-Zip: SUNRISE FL 33323

Title            SECRETARY  
Name            HELFMAN, STEVEN M.  
Address        1600 SAWGRASS CORP PKWY, #400  
City-State-Zip: SUNRISE FL 33323

*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:** RICHARD M. NORWALK

VP

04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date