

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000077472

Entity Name: 5900 BROKEN SOUND, LLC

Current Principal Place of Business:

5900 BROKEN SOUND PRKWY NW
BOCA RATON, FL 33487

Current Mailing Address:

5900 BROKEN SOUND PRKWY NW
BOCA RATON, FL 33487 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	Title	MGR
Name	LYNDE, DENNIS P	Name	WILLIAMS, CORNEL
Address	5900 BROKEN SOUND PRKWY NW	Address	5900 BROKEN SOUND PRKWY NW
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

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: DENNIS P LYNDE

MANAGER

03/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date