

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000187354

Entity Name: SS TOWER 155 EQUITY, LLC**Current Principal Place of Business:**SOBEL CO
2385 NW EXECUTIVE CENTER DR., STE. 370
BOCA RATON, FL 33431**Current Mailing Address:**SOBEL CO
2385 NW EXECUTIVE CENTER DR., STE. 370
BOCA RATON, FL 33431**FEI Number:** 81-4328118**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOBEL, SAMUEL R
SOBEL CO
2385 NW EXECUTIVE CENTER DR., STE. 370
BOCA RATON, FL 33431 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 SOBEL, SAMUEL R
Address 2385 NW EXECUTIVE CENTER DRIVE,
STE. 370
City-State-Zip: BOCA RATON FL 33431

Title AUTHORIZED MEMBER
Name DEMARE, CAROL
Address SOBEL CO
2385 NW EXECUTIVE CENTER DR.,
STE. 370
City-State-Zip: BOCA RATON FL 33431

Title AUTHORIZED MEMBER
Name SMITH, SEAN
Address 1675 N MILITARY TRAIL 5TH FLOOR
City-State-Zip: BOCA RATON FL 33486

Title MGR
Name SMITH, BARRY
Address 1675 N. MILITARY TRAIL, 5TH FLOOR
City-State-Zip: BOCA RATON FL 33486

Title AUTHORIZED MEMBER
Name SMITH, JASON
Address 1675 N MILITARY TRAIL 5TH FLOOR
City-State-Zip: BOCA RATON FL 33486

Title AUTHORIZED MEMBER
Name S&C, SOBEL
Address SOBEL CO
2385 NW EXECUTIVE CENTER DR.,
STE. 370
City-State-Zip: BOCA RATON FL 33431

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: SAMUEL R. SOBEL**MANAGER****06/22/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date