#### Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED

REPRESENTATIVE

#### DOCUMENT# L22000347428 Entity Name: WMG 7715 ELLIS ROAD MELBOURNE OWNER, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Current Principal Place of Business:

4800 N. FEDERAL HIGHWAY SUITE B200, ROOM 34 BOCA RATON, FL 33431

# **Current Mailing Address:**

4800 N. FEDERAL HIGHWAY SUITE B200, ROOM 34 BOCA RATON, FL 33431 US

# FEI Number: 92-0877569

# Name and Address of Current Registered Agent:

UNITED STATES REGISTERED AGENTS, INC. 9300 DADELAND BLVD. SUITE 600 MIAMI, FL 33156 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	E: JOHN HOFMANN	04/23/2024				
	Electronic Signature of Registered Agent		Date			
Authorized Person(s) Detail :						
Title	AMBR	Title	AUTHORIZED REPRESENTATIVE			
	WMG SPACE COAST MEZZANINE,	Name	SCAVO, ANTHONY			
Address	LLC 4800 N. FEDERAL HIGHWAY SUITE B200, ROOM 34	Address City-State-Zip:	4800 N. FEDERAL HIGHWAY SUITE B200, ROOM 34 BOCA RATON FL 33431			
City-State-Zip:	BOCA RATON FL 33431					
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE			
Name	WALLACE, LESLIE	Name	MASSIRMAN, DANA			
Address	4800 N. FEDERAL HIGHWAY SUITE B200, ROOM 34	Address Citv-State-Zip:	2801 SW 31ST AVENUE SUITE 2B COCONUT GROVE FL 33131			
City-State-Zip:	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: DANA MASSIRMAN

Certificate of Status Desired: No

04/23/2024