

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000920

Entity Name: LINCOLN 511 LLC

Current Principal Place of Business:

C/O JENEL MANAGEMENT CORP.
275 MADISON AVENUE, SUITE 1100
NEW YORK, NY 10016

Current Mailing Address:

C/O JENEL MANAGEMENT CORP.
275 MADISON AVENUE, SUITE 1100
NEW YORK, NY 10016

FEI Number: 22-3613621

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOINELO, CRISTINA
C/O CBA REALTY & MANAGEMENT CORP.
1948 HARRISON STREET STE 101
HOLLYWOOD, FL 33020 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 MGRM
Name AUG, JAMES
Address C/O JED DALLEK, GETTRY MARCUS
CPA PC
88 FROELICH FARM BLVD, 3RD FL
City-State-Zip: WOODBURY NY 11797

Title MGRM
Name DUSHEY, ABRAHAM
Address C/O SW GROUP LLC, 9 E. 40TH ST.,
MEZZANINE
City-State-Zip: NEW YORK NY 10016

Title MGRM
Name HAMWAY, EZRA
Address C/O PARKWAY MANAGEMENT, 275
MADISON AVE SUITE 1100
City-State-Zip: NEW YORK NY 10016

Title MGRM
Name MAHANA, ALAN
Address 1912 E. 5TH STREET
City-State-Zip: BROOKLYN NY 11223

Title MGRM
Name BOTSARIS, PETER
Address 7 KNOLLS LANE
City-State-Zip: MANHASSET NY 11030

Title MGRM
Name DUSHEY, JACK
Address 19500 TURNBERRY WAY, STE. 19A
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name HIRSCHHORN, MICHAEL
Address 30 FAIR LANE
City-State-Zip: JERICO NY 11753

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: JACK DUSHEY

MGRM

01/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date