

2016 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M00000001292

Entity Name: ACQUALINA MANAGEMENT, LLC

Current Principal Place of Business:

17875 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17875 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

FEI Number: 01-0811837

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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 MANAGER
Name YAGER FLEMING, DEBORAH
Address 17875 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER
Name LILLYCROP, WILLIAM J
Address 17780 COLLINS AVENUE 2ND FLR
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SVP
Name SILVER, JOSEPH
Address 4000 ISLAND BLVD., PH2
City-State-Zip: AVENTURA FL 33160

Title EVP
Name LIEB, JAMES
Address 4000 ISLAND BLVD., PH2
City-State-Zip: AVENTURA FL 33160

Title AVP
Name TORPEY, CARITE
Address 4000 ISLAND BLVD., PH2
City-State-Zip: AVENTURA FL 33160

Title CFO, VP
Name SHMUELI, OREN
Address 17780 COLLINS AVENUE, 2ND FLR
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP, SEC, GC
Name HIRSCH, MARK
Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENUTURA FL 33160

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: WILLIAM J LILLYCROP

TREASURER

04/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date