

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0400000592

**Entity Name:** ISTAR BOWLING CENTERS II, LLC

**Current Principal Place of Business:**

C/O ISTAR INC.  
1114 AVENUE OF THE AMERICAS, 39TH FL  
NEW YORK, NY 10036

**FILED**  
**Apr 06, 2021**  
**Secretary of State**  
**3751362247CC**

**Current Mailing Address:**

C/O ISTAR INC.  
1114 AVENUE OF THE AMERICAS, 39TH FL  
NEW YORK, NY 10036 US

**FEI Number:** 20-0756050

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name ISTAR INC.  
Address C/O ISTAR INC.  
1114 AVENUE OF THE AMERICAS,  
39TH FL  
City-State-Zip: NEW YORK NY 10036

Title GENERAL COUNSEL, CORPORATE  
AND SECRETARY  
Name DUGAN, GEOFFREY M  
Address C/O ISTAR INC.  
1114 AVEVNUE OF THE AMERICAS,  
39TH FL  
City-State-Zip: NEW YORK NY 10036

*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:** IRINA SHURINOVA

**ASST SECRETARY**

**04/06/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date