

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001962

**Entity Name:** WHITE OAK COMMERCIAL FINANCE, LLC

**Current Principal Place of Business:**

225 NE MIZNER BLVD.  
SUITE 301  
BOCA RATON, FL 33432

**FILED**  
**Mar 03, 2023**  
**Secretary of State**  
**0321103092CC**

**Current Mailing Address:**

225 NE MIZNER BLVD.  
SUITE 301  
BOCA RATON, FL 33432 US

**FEI Number: 37-1507331**

**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           MANAGER  
Name           GRBIC, ROBERT  
Address        225 NE MIZNER BLVD.  
                  SUITE 301  
City-State-Zip: BOCA RATON FL 33432

Title           MANAGER  
Name           HAKKAK, ANDRE A  
Address        3 EMBARCADERO CENTER  
                  5TH FLOOR SUITE 550  
City-State-Zip: SANFRANCISCO CA 94111

Title           MANAGER  
Name           MCKEE, BARBARA  
Address        3 EMBARCADERO CENTER  
                  5TH FLOOR SUITE 550  
City-State-Zip: SAN FRANCISCO CA 94111

Title           MANAGER  
Name           MOZAFFARIAN, DARIUS  
Address        PO BOX 13  
City-State-Zip: ROSS CA 94957

Title           MANAGER  
Name           FORTINO, MICHAEL  
Address        225 NE MIZNER BLVD.  
                  SUITE 301  
City-State-Zip: BOCA RATON FL 33432

Title           MANAGER  
Name           OTTE, THOMAS  
Address        3 EMBARCADERO CENTER  
                  5TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

Title           MANAGER  
Name           FINNIGAN, TOM  
Address        3 EMBARCADERO CENTER  
                  5TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

*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: BARBARA MCKEE**

**MANAGER**

**03/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date