## **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003786

Entity Name: CORSICA SQUARE S.C., LLC

**Current Principal Place of Business:** 

3333 NEW HYDE PARK RD

SUITE 100

NEW HYDE PARK, NY 11042

**Current Mailing Address:** 

3333 NEW HYDE PARK RD

SUITE 100

NEW HYDE PARK, NY 11042 US

FEI Number: 20-8246129 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Apr 23, 2019

Secretary of State

1201564540CC

Authorized Person(s) Detail:

Title MANAGING MEMBER Title AUTHORIZED SIGNATORY

Name CORSICA SQUARE HOLDCO, LLC Name FLYNN, CONOR C.

Address 3333 NEW HYDE PARK RD Address 3333 NEW HYDE PARK RD

SUITE 100 SUITE 100

NEW HYDE PARK NY 11042 City-State-Zip: City-State-Zip: NEW HYDE PARK NY 11042

**AUTHORIZED SIGNATORY AUTHORIZED SIGNATORY** Title Title

COOPER, ROSS COHEN, GLENN G. Name Name

3333 NEW HYDE PARK RD 3333 NEW HYDE PARK RD Address Address SUITE 100

SUITE 100

City-State-Zip: NEW HYDE PARK NY 11042 City-State-Zip: NEW HYDE PARK NY 11042

Title **AUTHORIZED SIGNATORY** Title **AUTHORIZED SIGNATORY** 

Name EDWARDS, RAYMOND Name JAMIESON, DAVID

3333 NEW HYDE PARK RD 3333 NEW HYDE PARK RD Address Address

SUITE 100 SUITE 100

City-State-Zip: NEW HYDE PARK NY 11042 City-State-Zip: NEW HYDE PARK NY 11042

Title **AUTHORIZED SIGNATORY** Title **AUTHORIZED SIGNATORY** Name BAZYDLO, GARY Name BRIAMONTE, BARBARA E.

3333 NEW HYDE PARK RD 3333 NEW HYDE PARK RD Address Address

SUITE 100 SUITE 100

NEW HYDE PARK NY 11042 City-State-Zip: NEW HYDE PARK NY 11042 City-State-Zip:

## Continues on page 2

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: HARVEY G. WEINREB

AUTHORIZED SIGNATORY

04/23/2019

## Authorized Person(s) Detail Continued:

**AUTHORIZED SIGNATORY** 

City-State-Zip:

Title

**AUTHORIZED SIGNATORY** Title Title **AUTHORIZED SIGNATORY** DOOLEY, PAUL Name PALACIO, DEBORAH I. Name Address 3333 NEW HYDE PARK RD Address 3333 NEW HYDE PARK RD

SUITE 100 SUITE 100 NEW HYDE PARK NY 11042 NEW HYDE PARK NY 11042

City-State-Zip:

**AUTHORIZED SIGNATORY** 

Title

SMITH, KEVIN Name PUMA, PAUL D. Name

Address 3333 NEW HYDE PARK RD Address 3333 NEW HYDE PARK RD

SUITE 100 SUITE 100

NEW HYDE PARK NY 11042 NEW HYDE PARK NY 11042 City-State-Zip: City-State-Zip:

Title **AUTHORIZED SIGNATORY** Title **AUTHORIZED SIGNATORY** 

WEINREB, HARVEY G. Name WESTBROOK, PAUL Name

Address 3333 NEW HYDE PARK RD Address 3333 NEW HYDE PARK RD

SUITE 100 SUITE 100

NEW HYDE PARK NY 11042 City-State-Zip: NEW HYDE PARK NY 11042 City-State-Zip: