

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003704

Entity Name: T-C 701 BRICKELL LLC

Current Principal Place of Business:

730 THIRD AVENUE
MS: 730/12/02
NEW YORK, NY 10017

FILED
Apr 26, 2018
Secretary of State
CC3307258233

Current Mailing Address:

730 THIRD AVENUE
MS: 730/12/02
NEW YORK, NY 10017 US

FEI Number: 26-3091608

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 AUTHORIZED REPRESENTATIVE
Name PIERRE-MERRITT, MARJORIE
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED SIGNATORY
Name ACOSTA, JANET
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED SIGNATORY
Name BAIR, SHARON
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED MEMBER
Name TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA FBO REA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name CIFELLI, NICHOLAS
Address 730 THIRD AVENUE
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Title AUTHORIZED REPRESENTATIVE
Name COHEN, DONNA
Address 730 THIRD AVENUE
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Title AUTHORIZED REPRESENTATIVE
Name CORNUKE, JOHN
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Title AUTHORIZED REPRESENTATIVE
Name FISK, MICHAEL
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

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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: MARTINA DAVIS

SECRETARY

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name GIRALDO, RANDY
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Title AUTHORIZED REPRESENTATIVE, SECRETARY
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