

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002823

**Entity Name:** PRINCIPAL FACILITY MANAGEMENT, LLC

**Current Principal Place of Business:**

630 9TH AVENUE  
SUITE 1012  
NEW YORK, NY 10036

**Current Mailing Address:**

630 9TH AVENUE  
SUITE 1012  
NEW YORK, NY 10036 US

**FEI Number:** 26-4693451

**Certificate of Status Desired:** Yes

**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	Title	MANAGER
Name	FOX, HOWARD	Name	MINCONE, SALVATORE
Address	630 9TH AVENUE SUITE 1012	Address	630 9TH AVENUE SUITE 1012
City-State-Zip:	NEW YORK NY 10036	City-State-Zip:	NEW YORK NY 10036
Title	CFO		
Name	HIRSCHHORN, JANETTE D.		
Address	630 9TH AVENUE SUITE 1012		
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:** JANETTE D. HIRSCHHORN

CFO

02/06/2024

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

\_\_\_\_\_ Date