

2017 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000000288

Entity Name: ACQUALINA REALTY, LLC

Current Principal Place of Business:

17780 COLLINS AVENUE
2ND FLOOR
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17780 COLLINS AVENUE
2ND FLOOR
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 46-1716043

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	MGRM
Name	TG CO MANAGEMENT,INC
Address	17780 COLLINS AVENUE 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	TREASURER, ASST. SECRETARY
Name	LILLYCROP, WILLIAM J
Address	17780 COLLINS AVENUE 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	A-VP, ASST. SECRETARY, ASST. TREASURER
Name	TORPEY, CARITE
Address	17780 COLLINS AVENUE 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	CFO, VP
Name	SHMUELI, OREN
Address	17780 COLLINS AVENUE 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	EVP, ASST. SECRETARY
Name	LIEB, JAMES
Address	17780 COLLINS AVENUE 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	VP, BROKER
Name	COHEN, MARLA
Address	17780 COLLINS AVENUE 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160

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: WILLIAM J LILLYCROP

TREASURER

02/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date