

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000002378

**Entity Name:** SUNNY ISLES BEACH HOLDINGS, LLC

**Current Principal Place of Business:**

4000 ISLAND BLVD., PH-2  
AVENTURA, FL 33160

**Current Mailing Address:**

4000 ISLAND BLVD., PH-2  
AVENTURA, FL 33160

**FEI Number:** 46-4656033

**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           TG CO MANAGEMENT, INC  
Address       4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

Title           VP, ASSOC.GC, ASST. SECRETARY  
Name           DEGNAN, BRIAN  
Address       4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

Title           CFO, VP  
Name           SHMUELI, OREN  
Address       4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

Title           TREASURER, ASST. SECRETARY  
Name           LILLYCROP, WILLIAM J  
Address       4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

Title           EVP, ASST. SECRETARY  
Name           LIEB, JAMES  
Address       4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

Title           A-VP, ASST. SECRETARY, ASST.  
TREASURER  
Name           TORPEY, CARITE  
Address       4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

Title           MEMBER  
Name           SO FLO PROPERTIES, LLC  
Address       4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

Title           EVP, SEC, GC  
Name           HIRSCH, MARK  
Address       4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

**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:** WILLIAM J LILLYCROP

**TREASURER**

**04/14/2016**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title            A-SEC  
Name            FELDMAN, RICHARD  
Address        4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160