

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**

**Aug 28, 2023**

**Secretary of State**

**3493606327CC**

DOCUMENT# M13000005950

**Entity Name:** COQUINA STATION LLC

**Current Principal Place of Business:**

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249

**Current Mailing Address:**

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249 US

**FEI Number:** NOT APPLICABLE

**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

**Authorized Person(s) Detail :**

Title ASST. SECRETARY  
Name MYERS, ROBERT F.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title MEMBER  
Name PHILLIPS EDISON GROCERY CENTER  
OPERATING PARTNERSHIP I, L.P.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title ASST. SECRETARY  
Name CAULFIELD, JOHN  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title CEO  
Name EDISON, JEFFREY S.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title PRESIDENT  
Name EDISON, JEFFREY S.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title SECRETARY  
Name BRADY, TANYA E.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title TREASURER  
Name MURPHY, DEVIN I.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title VP  
Name MURPHY, DEVIN I.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

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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:** PHILLIPS EDISON GROCERY CENTER OPERATING MEMBER  
PARTNERSHIP I, L.P.

**08/28/2023**

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

\_\_\_\_\_  
Date

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

Title VP  
Name MYERS, ROBERT F.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title VP  
Name CAULFIELD, JOHN  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title VP  
Name ROBISON, JENNIFER  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title VP  
Name BRADY, TANYA E.  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title VP  
Name SCHLOSSER, JOE  
Address 11501 NORTHLAKE DRIVE  
City-State-Zip: CINCINNATI OH 45249