

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007351

**Entity Name:** INTERSTATE REALTY HOLDINGS, LLC

**Current Principal Place of Business:**

333 EARLE OVINGTON BLVD  
STE 900  
UNIONDALE, NY 11553

**Current Mailing Address:**

333 EARLE OVINGTON BLVD  
STE 900  
UNIONDALE, NY 11553 US

**FEI Number:** 46-4140203

**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           | MEMBER                                  | Title           | AUTHORIZED PERSON               |
| Name            | INTERSTATE REALTY SPONSOR HOLDINGS, LLC | Name            | CONNOLLY, WILLIAM               |
| Address         | 333 EARLE OVINGTON BLVD - STE 900       | Address         | 333 EARLE OVINGTON BLVD STE 900 |
| City-State-Zip: | UNIONDALE NY 11553                      | City-State-Zip: | UNIONDALE NY 11553              |

*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:** ELISHEVA INDIG

**AUTHORIZED  
SIGNATORY**

**06/18/2019**

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

\_\_\_\_\_  
Date