

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000001909

**FILED**  
**Jun 11, 2015**  
**Secretary of State**  
**CC1886013277**

**Entity Name:** FS BUILDING 36 LLC

**Current Principal Place of Business:**

3424 PEACHTREE ROAD NE  
SUITE 900  
ATLANTA, GA 30326

**Current Mailing Address:**

3424 PEACHTREE ROAD NE  
SUITE 900  
ATLANTA, GA 30326 US

**FEI Number:** 46-5603791

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT 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:** CONNIE BRYAN, ASSISTANT SECRETARY

06/11/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           SOLE MEMBER  
Name           PPF INDUSTRIAL 11600 NW 91ST  
                  STREET, LLC  
Address        3424 PEACHTREE ROAD NE  
                  SUITE 900  
City-State-Zip: ATLANTA GA 30326

Title           EXECUTIVE DIRECTOR  
Name           GREENO, AARON  
Address        3424 PEACHTREE ROAD NE  
                  SUITE 900  
City-State-Zip: ATLANTA GA 30326

Title           MANAGING DIRECTOR  
Name           BROWN, SCOTT  
Address        3424 PEACHTREE ROAD NE  
                  SUITE 900  
City-State-Zip: ATLANTA GA 30326

Title           EXECUTIVE DIRECTOR  
Name           BARNWELL, DEVIN  
Address        3424 PEACHTREE ROAD NE  
                  SUITE 900  
City-State-Zip: ATLANTA GA 30326

Title           MANAGING DIRECTOR  
Name           TODD, CANDICE  
Address        3424 PEACHTREE ROAD NE  
                  SUITE 900  
City-State-Zip: ATLANTA GA 30326

Title           ASSISTANT SECRETARY  
Name           FREEMAN, GAIL  
Address        3424 PEACHTREE ROAD NE  
                  SUITE 900  
City-State-Zip: ATLANTA GA 30326

*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:** GAIL FREEMAN

ASST. SECRETARY

06/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date