

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000003666

Entity Name: 657 ISLAND, LLC**Current Principal Place of Business:**555 CROTON RD STE 200
KING OF PRUSSIA, PA 19406**Current Mailing Address:**555 CROTON RD STE 200
KING OF PRUSSIA, PA 19406 US**FEI Number:** 47-2027058**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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:** ANN J. WILLIAMS, ASSISTANT VICE PRESIDENT

04/12/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP AND ASST. SECRETARY
Name BRENNAN, PAUL
Address 555 CROTON RD STE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title VP AND SECRETARY
Name FRIEDMAN, BRIAN
Address 555 CROTON RD STE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title VP AND ASST. SECRETARY
Name MASCHERINO, VINCENT
Address 555 CROTON RD STE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title VP AND ASSISTANT SECRETARY
Name SWIRSKY, BARRY
Address 555 CROTON RD STE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title PRESIDENT
Name STROUSE, ROBERT
Address 555 CROTON RD STE 200
City-State-Zip: KING OF PRUSSIA PA 19406

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: VINCENT MASCHERINO

VP & ASST SECRETARY

04/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date