

**2024 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

04/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title VP & ASST. SECRETARY  
Name JANAS, ANDREW J  
Address 555 CROTON RD STE 200  
City-State-Zip: KING OF PRUSSIA PA 19406

Title VICE PRESIDENT AND ASST.  
SECRETARY  
Name WAGNER, CHRISTOPHER DANIEL  
Address 555 CROTON ROAD  
SUITE 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 MASCHERINOVP AND ASST.  
SECRETARY

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date