2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000007571

Entity Name: LIGHTHOUSE MANAGEMENT SERVICES (FL), LLC

FILED Apr 04, 2018 **Secretary of State** CC3160595886

Current Principal Place of Business:

300 CLINTON SQUARE ROCHESTER, NY 14604

Current Mailing Address:

300 CLINTON SQUARE ROCHESTER, NY 14604 US

FEI Number: 47-4773462 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title Title AVP

LIPSHY, MARC L Name Name TREJO, SUMMER

2711 N.HASKELL AVE, SUITE 1700 2711 N.HASKELL AVE, SUITE 1700 Address Address

City-State-Zip: DALLAS TX 75204 City-State-Zip: DALLAS TX 75204

Title CEO Title **AVP**

Name EARLE, DAN SIMS, LAURA P Name

Address 300 CLINTON SQUARE Address 2711 N.HASKELL AVE, SUITE 1700 **ROCHESTER NY 14604** City-State-Zip: City-State-Zip: DALLAS TX 75204

Title VΡ CFO Title

Name SCHUCK, MARK Name LUKEN, ROBERT J

Address 2711 N. HASKELL AVE. 300 CLINTON SQUARE Address

STE. 1700

Title

City-State-Zip: ROCHESTER NY 14604 City-State-Zip: DALLAS TX 75204

Title

SHEARER, STEVEN R Name Name KIKER, SUSAN

Address 2711 N. HASKELL AVE. Address 2711 N. HASKELL AVE.

STE. 1700 STE. 1700

DALLAS TX 75204

City-State-Zip: DALLAS TX 75204 City-State-Zip:

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VΡ

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: ROBERT J. LUKEN

CFO

04/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title VP

Name PEPE, KIMBERLY

Address 300 CLINTON SQUARE
City-State-Zip: ROCHESTER NY 14604