

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000010390

**Entity Name:** REPLACEMENT GP FLORIDA, LLC

**Current Principal Place of Business:**

777 WEST PUTNAM AVENUE  
GREENWICH, CT 06830

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**7101957481CC**

**Current Mailing Address:**

777 WEST PUTNAM AVENUE  
GREENWICH, CT 06830 US

**FEI Number: 81-0943252**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET, SUITE 4  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MYERS, BRIAN P.  
Address        777 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title            EVP  
Name            SALZMAN, DAVID A  
Address        777 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title            SECRETARY  
Name            DODGE, GINA K  
Address        777 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title            TREASURER  
Name            HUSSEY, JAMES P  
Address        777 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title            ASST. TREASURER  
Name            PALERMO, STEVEN  
Address        777 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title            ASST. TREASURER  
Name            KRAFNICK, CHARLES L.  
Address        777 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

*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: BRIAN P. MYERS**

**02/07/2019**

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

\_\_\_\_\_  
Date