

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000001086

Entity Name: 515 N. FLAGLER DRIVE OWNER LLC

Current Principal Place of Business:

2 POST ROAD WEST
WESTPORT, CT 60880

Current Mailing Address:

2 POST ROAD WEST
WESTPORT, CT 60880

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES INC
9200 S DADELAND BLVD SUITE 508
MIAMI, FL 33156 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 VP
Name MARCUS, BARRY
Address 2 POST ROAD WEST
City-State-Zip: WESTPORT CT 60880

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: BARRY P MARCUS

SVP

01/12/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date