

**2018 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

VP

03/12/2018

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

\_\_\_\_\_ Date