

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010241

**Entity Name:** SPT DOLPHIN WHISTLERS COVE LLC

**Current Principal Place of Business:**

591 W PUTNAM AVE  
GREENWICH, CT 06830

**Current Mailing Address:**

2340 COLLINS AVENUE, SUITE 700  
MIAMI BEACH, FL 33139 US

**FEI Number:** 82-4594224

**Certificate of Status Desired:** No

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

C T 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           | S, VP              | Title           | AUTHORIZED MEMBER        |
| Name            | SOSEN, ANDREW J    | Name            | SPT DOLPHIN HOLDINGS LLC |
| Address         | 591 W PUTNAM AVE   | Address         | 591 W PUTNAM AVE         |
| City-State-Zip: | GREENWICH CT 06830 | 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:** ANDREW J. SOSEN

**EXECUTIVE VICE  
PRESIDENT**

**04/21/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date