

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000008672

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**9745374579CC**

**Entity Name:** 1095 BROKEN SOUND PKWY LLC

**Current Principal Place of Business:**

1095 BROKEN SOUND PKWY NW, #300  
BOCA RATON, FL 33487

**Current Mailing Address:**

1095 BROKEN SOUND PKWY NW, #300  
BOCA RATON, FL 33487 US

**FEI Number:** 83-1552007

**Certificate of Status Desired:** No

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

WAREHOUSE GOODS LLC  
1095 BROKEN SOUND PKWY NW, #300  
BOCA RATON, FL 33487 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           | CEO                                | Title           | CFO                                |
| Name            | LOCASCIO, AARON                    | Name            | RUDIN, ETHAN                       |
| Address         | 1095 BROKEN SOUND PKWY NW,<br>#300 | Address         | 1095 BROKEN SOUND PKWY NW,<br>#300 |
| City-State-Zip: | BOCA RATON FL 33487                | City-State-Zip: | BOCA RATON FL 33487                |

*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:** AARON LOCASCIO

**CEO**

**01/21/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date