

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000010830

**Entity Name:** IPIC THEATERS, LLC

**Current Principal Place of Business:**

433 PLAZA REAL SUITE 355  
BOCA RATON, FL 33432

**Current Mailing Address:**

433 PLAZA REAL  
SUITE 355  
BOCA RATON, FL 33432 US

**FEI Number:** 84-3573742

**Certificate of Status Desired:** No

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

CT 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 MGR  
Name GREEN, ROBERT MARC  
Address 201 SOUTH UNION STREET  
City-State-Zip: MONTGOMERY AL 36104

Title MBR  
Name TEACHERS' RETIREMENT SYSTEMS  
OF ALABAMA  
Address 201 SOUTH UNION STREET  
City-State-Zip: MONTGOMERY AL 36104

Title MBR  
Name EMPLOYEES' RETIREMENT SYSTEMS  
OF ALABAMA  
Address 201 SOUTH UNION STREET  
City-State-Zip: MONTGOMERY AL 36104

Title CEO  
Name QUINN, PATRICK  
Address 433 PLAZA REAL  
SUITE 355  
City-State-Zip: BOCA RATON FL 33432

*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:** CLAUDIA DELGADO

**CORP. PARALEGAL &  
CEO EXE. ASST**

**02/03/2025**

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

\_\_\_\_\_  
Date