

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000011153

Entity Name: FL WEST PARK (DE) LLC**Current Principal Place of Business:**450 PARK AVE
9TH FLOOR
NEW YORK, NY 10022**Current Mailing Address:**450 PARK AVE
9TH FLOOR
NEW YORK, NY 10022 US**FEI Number:** NOT APPLICABLE**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:** ADAM CARR, AUTHORIZED PERSON

05/01/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name DEGIER, MICHAEL C.
Address 450 PARK AVE
9TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name DEGIER, MICHAEL C.
Address 450 PARK AVE
9TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name BARRIERO, BRIAN
Address 450 PARK AVE
9TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title VP
Name BINCK, KRISTEN
Address 450 PARK AVE
9TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name CHOI, LENA
Address 450 PARK AVE
9TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name DUONG, LE HOA
Address 450 PARK AVE
9TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name MCGOWAN, MARK
Address 450 PARK AVE
9TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name FIELD, ANDY
Address 450 PARK AVE
9TH FLOOR
City-State-Zip: NEW YORK NY 10022

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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: KRISTEN BINCK

VICE PRESIDENT

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name HAVERTY, MATTHEW
Address 450 PARK AVE
 9TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name KAYDEN, BENJAMIN D.
Address 450 PARK AVE
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Title MANAGER
Name SUTER, TYCHO
Address 450 PARK AVE
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Title MANAGER
Name CZOP, BRYAN
Address 450 PARK AVE
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Title MANAGER
Name JOSHI, GAURAV
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Title MANAGER
Name VALENTI, ALYSHA C.
Address 450 PARK AVE
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Title MANAGER
Name REMIS, CHAD
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Title MANAGER
Name MURPHY, ELIZABETH M.
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Title MANAGER
Name SHAPIRO, DEAN JONATHAN
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Title MANAGER
Name STAUBITZ, NICHOLAS JOSEPH
Address 450 PARK AVE
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Title MANAGER
Name BHATT, ANKIT H.
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Title MANAGER
Name SHEN, CHRISTINE
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Title MANAGER
Name ABBEY, CAROLYN
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Title MANAGER
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Title MANAGER
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Name MURPHY, ELIZABETH M.
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Title MANAGER
Name SUWANKOSAI, VARUTH I.
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City-State-Zip: NEW YORK NY 10022