

**2026 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000009839

**Entity Name:** BEDROCK PALM TERRACE LLC

**Current Principal Place of Business:**

650 FIFTH AVENUE, SUITE 1601  
NEW YORK, NY 10019

**Current Mailing Address:**

PO BOX 750  
WESTPORT, CT 06880 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

PLATINUM AGENT SERVICES LLC  
155 OFFICE PLAZA DR  
SUITE D  
TALLAHASSEE, FL 32301 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 GOJKOVICH, PAUL  
Address 650 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10019

Title AR  
Name STROUD, RHONDA  
Address 650 FIFTH AVENUE, SUITE 1601  
City-State-Zip: NEW YORK NY 10019

Title AR  
Name ANDERES, SAMANTHA  
Address 650 FIFTH AVENUE, SUITE 1601  
City-State-Zip: NEW YORK NY 10019

Title AR  
Name MITCHELL, SAMMI  
Address 650 FIFTH AVENUE, SUITE 1601  
City-State-Zip: NEW YORK NY 10019

Title AR  
Name VICK, TAMMY  
Address 650 FIFTH AVENUE, SUITE 1601  
City-State-Zip: NEW YORK NY 10019

*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: SAMANTHA ANDERES**

**AUTHORIZED PERSON**

**04/21/2026**

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

\_\_\_\_\_  
Date