

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000506460

**Entity Name:** 409 SOUTH OCEAN, LLC**Current Principal Place of Business:**5200 TOWN CENTER CIRCLE 4TH FLOOR  
BOCA RATON, FL 33486**Current Mailing Address:**5200 TOWN CENTER CIRCLE 4TH FLOOR  
BOCA RATON, FL 33486**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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR
Name	KROUSE, RODGER R
Address	5200 TOWN CENTER CIRCLE 4TH FLOOR
City-State-Zip:	BOCA RATON FL 33486

Title	MEMBER
Name	KROUSE, HILLARY
Address	5200 TOWN CENTER CIRCLE 4TH FLOOR
City-State-Zip:	BOCA RATON FL 33486

Title	VP, ASSISTANT SECRETARY
Name	ENGSTROM, BENJAMIN
Address	5200 TOWN CENTER CIRCLE 4TH FLOOR
City-State-Zip:	BOCA RATON FL 33486

*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:** ENGSTROM BENJAMINVICE PRESIDENT &  
ASSISTANT SECRETARY

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date