

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017589

**Entity Name:** DREW STREET PROPERTY LLC

**Current Principal Place of Business:**

CITIZENS BANK PARK  
ONE CITIZENS BANK WAY  
PHILADELPHIA, PA 19148

**Current Mailing Address:**

CITIZENS BANK PARK  
ONE CITIZENS BANK WAY  
PHILADELPHIA, PA 19148 US

**FEI Number:** 88-2238168

**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 MBR  
Name THE PHILLIES  
Address CITIZENS BANK PARK  
ONE CITIZENS BANK WAY  
City-State-Zip: PHILADELPHIA PA 19148

Title VP AND TREASURER  
Name NICKOLAS, JOHN N  
Address CITIZENS BANK PARK  
ONE CITIZENS BANK WAY  
City-State-Zip: PHILADELPHIA PA 19148

Title VP  
Name TIMBERLAKE, JOHN  
Address 601 OLD COACHMAN ROAD NORTH  
City-State-Zip: CLEARWATER FL 33765

Title PRESIDENT  
Name BUCK, DAVID B  
Address CITIZENS BANK PARK  
ONE CITIZENS BANK WAY  
City-State-Zip: PHILADELPHIA PA 19148

Title VP, SECRETARY AND ASSISTANT  
TREASURER  
Name SAFRAN, LESLIE C  
Address CITIZENS BANK PARK  
ONE CITIZENS BANK WAY  
City-State-Zip: PHILADELPHIA PA 19148

*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:** LESLIE C. SAFRAN

**VICE PRESIDENT,  
SECRETARY AND  
ASSISTANT TREASURER**

**02/13/2024**

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

\_\_\_\_\_  
Date

