

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000088607

**FILED  
Mar 19, 2020  
Secretary of State  
4984061333CC**

**Entity Name:** SIGNATURE MULTIFAMILY MANAGEMENT CORP.

**Current Principal Place of Business:**

5201 BROOK HOLLOW PARKWAY  
SUITE A  
NORCROSS, GA 30071

**Current Mailing Address:**

5201 BROOK HOLLOW PARKWAY  
SUITE A  
NORCROSS, GA 30071 US

**FEI Number: 46-4844783**

**Certificate of Status Desired: Yes**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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

**Officer/Director Detail :**

Title	P	Title	D
Name	SMITH, MICHAEL B	Name	SMITH, SCOTT H
Address	5201 BROOK HOLLOW PARKWAY SUITE A	Address	5201 BROOK HOLLOW PARKWAY SUITE A
City-State-Zip:	NORCROSS GA 30071	City-State-Zip:	NORCROSS GA 30071

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL B SMITH**

**PRESIDENT**

**03/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date