

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000081141

**Entity Name:** CIM-EJM REALTY MANAGEMENT, LLC**Current Principal Place of Business:**1260 SW SHORELINE DRIVE  
PALM CITY, FL 34990**Current Mailing Address:**1260 SW SHORELINE DRIVE  
PALM CITY, FL 34990**FEI Number:** 20-3598547**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MERKEL, CLAIRE I  
1260 SW SHORELINE DRIVE  
PALM CITY, FL 34990 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:** CLAIRE I MERKEL

02/24/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | MGRM                  |
| Name            | MERKEL, EDWARD JJR TR |
| Address         | 1260 SW SHORELINE DR  |
| City-State-Zip: | PALM CITY FL 34990    |

|                 |                      |
|-----------------|----------------------|
| Title           | MGRM                 |
| Name            | MERKEL, CLAIRE I     |
| Address         | 1260 SW SHORELINE DR |
| City-State-Zip: | PALM CITY FL 34990   |

|                 |                   |
|-----------------|-------------------|
| Title           | MGR               |
| Name            | MILLER, JEAN M    |
| Address         | 7200 DOE CREST CT |
| City-State-Zip: | PROSPECT KY 40059 |

*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:** JEAN M MILLER

MANAGER

02/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date