

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047783

**FILED**  
**Jan 23, 2018**  
**Secretary of State**  
**CC2401624458**

**Entity Name:** CROSSROADS MANAGEMENT, LLC

**Current Principal Place of Business:**

1398 SW 1 ST  
12TH FLOOR  
MIAMI, FL 33135

**Current Mailing Address:**

1398 SW 1 ST  
12TH FLOOR  
MIAMI, FL 33135

**FEI Number:** 20-8969994

**Certificate of Status Desired:** No

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

CARRFOUR SUPPORTIVE HOUSING, INC.  
1398 SW 1 ST  
12TH FLOOR  
MIAMI, FL 33135 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 MGRM  
Name CARRFOUR SUPPORTIVE HOUSING, INC.  
Address 1398 SW 1 ST  
City-State-Zip: MIAMI FL 33135

Title C  
Name DANNER, STEPHEN  
Address 1398 SW 1 ST  
City-State-Zip: MIAMI FL 33135

Title S  
Name MARTORELLA, TIMOTHY  
Address 800 BRICKELL AVE PHI  
City-State-Zip: MIAMI FL 33131

Title T  
Name LOPEZ, CAETANO  
Address 1398 SW 1 ST  
City-State-Zip: MIAMI FL 33135

Title P  
Name STEPHANIE, BERMAN  
Address 1398 SW 1 ST  
City-State-Zip: MIAMI FL 33135

*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:** STEPHANIE BERMAN

P

01/23/2018

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

\_\_\_\_\_  
Date