

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000001118

**Entity Name:** CRESA PARTNERS OF FLORIDA, LLC**Current Principal Place of Business:**200 S BISCAYNE BLVD  
SUITE 4300  
MIAMI, FL 33131**Current Mailing Address:**200 S BISCAYNE BLVD  
SUITE 4300  
MIAMI, FL 33131 US**FEI Number:** 27-4642177**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STOLZENBERG, KEITH H  
STOLZENBERG, GELLES & FLYNN, LLP  
1401 BRICKELL AVE, SUITE 825  
MIAMI, FL 33131 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	MGR
Name	PREVE, DAVID J
Address	200 S. BISCAYNE BLVD. SUITE 4300
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	BARTON, CHARLES V
Address	200 S BISCAYNE BLVD. SUITE 4300
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	BLACK, BARBARA L
Address	200 S. BISCAYNE BLVD. SUITE 4300
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	GOODMAN, MATTHEW W
Address	200 S. BISCAYNE BLVD. SUITE 4300
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	KLEBER, ALAN R
Address	200 S. BISCAYNE BLVD. SUITE 4300
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	MARSHALL, JOHN T
Address	200 S. BISCAYNE BLVD. SUITE 4300
City-State-Zip:	MIAMI FL 33131

*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:** MATTHEW GOODMAN**MANAGER****04/30/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date