2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000067140

Entity Name: PRH NE 28TH STREET LLC

Current Principal Place of Business:

315 S BISCAYNE BLVD, 4TH FLOOR
MIAMI, FL 33131

Current Mailing Address:

315 S BISCAYNE BLVD, 4TH FLOOR
MIAMI, FL 33131 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD
221-E
PALM BEACH GARDENS, FL 33410 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 AUTHORIZED MEMBER	Title VP
Name PRH INVESTMENTS, LLC	Name ROSSO, CARLOS
Address 315 S BISCAYNE BLVD, 4TH FLOOR	Address 315 S BISCAYNE BLVD, 4TH FLOOR
City-State-Zip: MIAMI FL 33131	City-State-Zip: MIAMI FL 33131
Title VP	Title PRESIDENT
Name FIGUEROA, SONIA	Name PEREZ, JORGE M
Address 315 S BISCAYNE BLVD, 4TH FLOOR	Address 315 S BISCAYNE BLVD, 4TH FLOOR
City-State-Zip: MIAMI FL 33131	City-State-Zip: MIAMI FL 33131
Title VP	Title SECRETARY
Name ALLEN, MATTHEW	Name HOYOS, JEFFERY
Address 315 S BISCAYNE BLVD, 4TH FLOOR	Address 315 S BISCAYNE BLVD, 4TH FLOOR
City-State-Zip: MIAMI FL 33131	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: JEFFERY HOYOS   SECRETARY, BY: RACHEL   04/08/2019
                                                 KAUFFMAN, ATTORNEY-
                                                 IN-FACT

_____

Electronic Signature of Signing Authorized Person(s) Detail   Date