

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000127163

**Entity Name:** HALEY SOFGE PRESERVATION PHASE ONE, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

315 S BISCAYNE BLVD, 4TH FL  
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 MGR  
Name HALEY SOFGE PHASE ONE  
MANAGER, LLC  
Address 315 S BISCAYNE BLVD, 4TH FL  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT  
Name PEREZ, JORGE M.  
Address 315 S BISCAYNE BLVD, 4TH FL  
City-State-Zip: MIAMI FL 33131

Title VP  
Name ALLEN, MATTHEW J.  
Address 315 S BISCAYNE BLVD, 4TH FL  
City-State-Zip: MIAMI FL 33131

Title VP, TREASURER, SECRETARY  
Name HOYOS, JEFFERY  
Address 315 S BISCAYNE BLVD, 4TH FL  
City-State-Zip: MIAMI FL 33131

Title VP  
Name MILO, JR., ALBERTO  
Address 315 S BISCAYNE BLVD, 4TH FL  
City-State-Zip: MIAMI FL 33131

Title VP  
Name DEL POZZO, TONY  
Address 315 S BISCAYNE BLVD, 4TH FL  
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:** HALEY SOFGE PHASE ONE MANAGER, LLC

EMILY MOSCA,  
ATTORNEY-IN-FACT

04/08/2019

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

\_\_\_\_\_  
Date