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

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC 11380 PROSPERITY FARMS ROAD 221-E PALM BEACH GARDENS, FL 33410 US FILED Apr 08, 2019 Secretary of State 2425005486CC

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

	/			
	Title	MGR	Title	PRESIDENT
Name Address City-State-2	Name	HALEY SOFGE PHASE ONE MANAGER, LLC	Name	PEREZ, JORGE M.
	A dalaa a a		Address	315 S BISCAYNE BLVD, 4TH FL
		315 S BISCAYNE BLVD, 4TH FL	City-State-Zip:	MIAMI FL 33131
	City-State-Zip:	MIAMI FL 33131		
Title	Titlo	VP	Title	VP, TREASURER, SECRETARY
		Name	HOYOS, JEFFERY	
	Name	ALLEN, MATTHEW J.	Address	315 S BISCAYNE BLVD, 4TH FL
	Address	315 S BISCAYNE BLVD, 4TH FL	City-State-Zip:	MIAMI FL 33131
	City-State-Zip:	MIAMI FL 33131		
			Title	VP
	Title	VP	Name	DEL POZZO, TONY
	Name	MILO, JR., ALBERTO	Address City-State-Zip:	315 S BISCAYNE BLVD, 4TH FL
	Address	315 S BISCAYNE BLVD, 4TH FL		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: HALEY SOFGE PHASE ONE MANAGER, LLC

EMILY MOSCA, ATTORNEY-IN-FACT 04/08/2019

Date

Electronic Signature of Signing Authorized Person(s) Detail