

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000127192

Entity Name: JOE MORETTI PHASE TWO, 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
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 PRESIDENT
Name PEREZ, JORGE M.
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 DEL POZZO, TONY
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
Name MILO, JR., ALBERTO
Address 315 S BISCAYNE BLVD, 4TH FL
City-State-Zip: MIAMI FL 33131

Title MGR
Name JOE MORETTI PHASE TWO
 MANAGER, LLC
Address 315 S BISCAYNE BLVD
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: JOE MORETTI PHASE TWO MANAGER, LLCMANAGER, BY JOHN
DUEMIG, ATTORNEY IN
FACT

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date