

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000128865

Entity Name: STIRRUP PLAZA PHASE TWO, 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:** 61-1665417**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	MGRM
Name	STIRRUP PLAZA PHASE TWO MANAGER, LLC
Address	315 S BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33113
Title	VP
Name	ALLEN, MATTHEW J
Address	315 S BISCAYNE BLVD, 4TH FLOOR
City-State-Zip:	MIAMI FL 33131
Title	VP
Name	MILO, ALBERTO JR.
Address	315 S BISCAYNE BLVD, 4TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	PRESIDENT
Name	PEREZ, JORGE M
Address	315 S BISCAYNE BLVD, 4TH FLOOR
City-State-Zip:	MIAMI FL 33131
Title	VP, TREASURER, SECRETARY
Name	HOYOS, JEFFERY
Address	315 S BISCAYNE BLVD, 4TH FLOOR
City-State-Zip:	MIAMI FL 33131
Title	VP
Name	DEL POZZO, TONY
Address	315 S BISCAYNE BLVD, 4TH FLOOR
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: STIRRUP PLAZA PHASE TWO MANAGER, LLCMANAGER, BY JOHN
DUEMIG, ATTORNEY IN
FACT

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date