

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000129581

**Entity Name:** JACK ORR PLAZA PHASE ONE MANAGER, 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  
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  
City-State-Zip: MIAMI FL 33131

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

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

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

Title            VP  
Name            DEL POZZO, TONY  
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:** JORGE M. PEREZ

**SECRETARY, BY JOHN  
DUEMIG, ATTORNEY IN  
FACT**

**05/01/2020**

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

\_\_\_\_\_  
Date