

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000014070

Entity Name: CNB RE2 HOLDINGS, LLC**Current Principal Place of Business:**

C/O CITY NATIONAL BANK OF FLORIDA
ATTN: LEGAL DEPARTMENT 100 SE 2ND STREET, 13TH FLOOR
MIAMI, FL 33131

Current Mailing Address:

C/O CITY NATIONAL BANK OF FLORIDA
ATTN: LEGAL DEPARTMENT 100 SE 2ND STREET, 13TH FLOOR
MIAMI, FL 33131 US

FEI Number: 90-0798542**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

CARBALLO, MARIO
ATTN: LEGAL DEPARTMENT
100 SE 2ND STREET, 16TH FLOOR
MIAMI, FL 33131 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: MARIO CARBALLO

02/23/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title GM
Name GONZALEZ, JORGE
Address C/O CITY NATIONAL BANK OF
FLORIDA
100 SE 2ND STREET, 13TH FLOOR
City-State-Zip: MIAMI FL 33131

Title GMS
Name KANE, MCHENRY
Address C/O CITY NATIONAL BANK OF
FLORIDA
100 SE 2ND STREET, 13TH FLOOR
City-State-Zip: MIAMI FL 33131

Title GMS
Name CARBALLO, MARIO
Address C/O CITY NATIONAL BANK OF
FLORIDA
100 SE 2ND STREET, 13TH FLOOR
City-State-Zip: MIAMI FL 33131

Title GM
Name JAIME, MARITZA
Address C/O CITY NATIONAL BANK OF
FLORIDA
100 SE 2ND STREET, 13TH FLOOR
City-State-Zip: MIAMI FL 33131

Title GM
Name HANSON, SUSAN
Address C/O CITY NATIONAL BANK OF
FLORIDA
100 SE 2ND STREET, 13TH 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: MARIO CARBALLO

GMS

02/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date