

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000014766

Entity Name: AVH REALTY, LLC**Current Principal Place of Business:**4900 NORTH SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251**Current Mailing Address:**4900 NORTH SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251 US**FEI Number:** 45-4462575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AVATAR PROPERTIES, INC.
Address 4900 NORTH SCOTTSDALE ROAD
SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name BRIONES, TRACY
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title VP
Name MULL, LARRY
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title CFO, EXECUTIVE VICE PRESIDENT
Name CONE, C. DAVID
Address 4900 NORTH SCOTTSDALE ROAD
SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title PRESIDENT
Name KEMPTON, JOHN STEVEN
Address 551 NORTH CATTLEMEN RD.
SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name BRUNHOFER, BRIAN
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title ASST. VICE PRESIDENT, QUALIFIED
BROKER
Name LOPEZ, HECTOR
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title SECRETARY, EXECUTIVE VICE
PRESIDENT, CHIEF LEGAL OFFICER
Name SHERMAN, DARRELL C.
Address 4900 NORTH SCOTTSDALE ROAD
SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

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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: CAROLINE G. ESTRADA**ASST. SECRETARY****04/26/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP, ASST. SECRETARY
Name MERRILL, S. TODD
Address 3030 N. ROCKY POINT DR.
SUITE 710
City-State-Zip: TAMPA FL 33607

Title ASST. SECRETARY
Name ESTRADA, CAROLINE G.
Address 4900 NORTH SCOTTSDALE ROAD
SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY
Name MCNEIL, CHRISTY A.
Address 4695 MACARTHUR COURT
8TH FLOOR
City-State-Zip: NEWPORT BEACH CA 92660

Title VP, ASST. SECRETARY
Name BOSS, KRISTY
Address 3030 N. ROCK POINT DR.
SUITE 710
City-State-Zip: TAMPA FL 33607

Title VP
Name DENNIS, LISA
Address 227 ANNIES PLACE
City-State-Zip: JACKSONVILLE FL 32218