

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000080221

**Entity Name:** AREP MANAGER, LLC

**Current Principal Place of Business:**

800 BRICKELL AVE  
SUITE 701  
MIAMI, FL 33131

**Current Mailing Address:**

800 BRICKELL AVE  
SUITE 701  
MIAMI, FL 33131 US

**FEI Number:** 46-0549470

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEYER, JOHN P  
800 BRICKELL AVE  
SUITE 701  
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:** JOHN P. MEYER

03/08/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            ADLER, MATTHEW  
Address        800 BRICKELL AVE  
                  SUITE 701  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            MEYER, JOHN P  
Address        800 BRICKELL AVE  
                  SUITE 701  
City-State-Zip: MIAMI FL 33131

Title            S, T  
Name            MEYER, JOHN  
Address        800 BRICKELL AVE  
                  SUITE 701  
City-State-Zip: MIAMI FL 33131

Title            MANAGER  
Name            ADLER, MATTHEW L  
Address        800 BRICKELL AVE  
                  SUITE 701  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            RAHMAN, NICHILAS  
Address        800 BRICKELL AVE  
                  SUITE 701  
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:** JOHN MEYER

VP

03/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date