duress of ourient Registered Agent.			
G, MARC A CIRCLE, STE. 300 S, FL 33134 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.			
: MARC SCHWARZBERG		0	3/14/2024
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MGRM	Title	MGRM	
SCHWARZBERG, MARC	Name	SCHWARZBERG, MARC	
114 ALHAMBRA CIRCLE, STE. 300	Address	114 ALHAMBRA CIRCLE, STE. 300	1
CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
MGRM			
ORTEGA, JOSE			
114 ALHAMBRA CIRCLE, STE. 300			
	G, MARC A CIRCLE, STE. 300 S, FL 33134 US I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits this statement for the purpose of changing its reg I entity submits the statement for the purpose of changing its reg I entity submits the statement for the purpose of changing its reg I entity submits the statement for the purpose of the purpose	G, MARC A CIRCLE, STE. 300 S, FL 33134 US I entity submits this statement for the purpose of changing its registered office or regis I entity submits this statement for the purpose of changing its registered office or regis I entity submits this statement for the purpose of changing its registered office or regis I entity submits this statement for the purpose of changing its registered office or regis I entity submits this statement for the purpose of changing its registered office or regis I entity submits this statement for the purpose of changing its registered office or regis I entity submits this statement for the purpose of changing its registered office or registered Electronic Signature of Registered Agent Person(s) Detail : MGRM Title SCHWARZBERG, MARC Name 114 ALHAMBRA CIRCLE, STE. 300 Address CORAL GABLES FL 33134 City-State-Zip: MGRM ORTEGA, JOSE	G, MARC A CIRCLE, STE. 300 S, FL 33134 US I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I entity submits this statement for the purpose of changing its registered agent. I entity submits this statement for the purpose of the purpose of the state of Florida. I entity submits the state

DOCUMENT# L12000160964

Entity Name: IVY AT WILTON MANORS, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

114 ALHAMBRA CIRCLE, STE. 300 CORAL GABLES. FL 33134

#### **Current Mailing Address:**

114 ALHAMBRA CIRCLE, STE. 300 CORAL GABLES. FL 33134 US

## FEI Number: 46-1639279

### Name and Address of Current Registered Agent:

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: MARC SCHWARZBERG

City-State-Zip: CORAL GABLES FL 33134

MANAGER

#### 03/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Mar 14, 2024 Secretary of State 7909290246CC

Certificate of Status Desired: No