

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000138076

Entity Name: BALBOA HIGH MANAGEMENT LLC

Current Principal Place of Business:

2665 S BAYSHORE DR SUITE 901
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 S BAYSHORE DR SUITE 901
COCONUT GROVE, FL 33133

FEI Number: 46-3779829

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOGAN, BARRY SCOTT
2665 S BAYSHORE DRIVE #901
MIAMI, FL 33133 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: BARRY LOGAN

04/11/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|------------------------------|-----------------|------------------------------|
| Title | MGR | Title | MANAGER |
| Name | CUSTER, J MICHAEL | Name | SCHIMEL, VALERIE |
| Address | 2665 S BAYSHORE DR SUITE 901 | Address | 2665 S BAYSHORE DR SUITE 901 |
| City-State-Zip: | COCONUT GROVE FL 33133 | City-State-Zip: | COCONUT GROVE FL 33133 |
| | | | |
| Title | MANAGER | | |
| Name | NAHMAD, AARRON J | | |
| Address | 2665 S BAYSHORE DR SUITE 901 | | |
| City-State-Zip: | COCONUT GROVE FL 33133 | | |

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: CUSTER , J MICHAEL

MANAGER

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date