

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000059274

**Entity Name:** 3112 COMMODORE PLAZA INVESTMENTS, LLC

**Current Principal Place of Business:**

909 ROSE AVENUE, SUITE 200  
NORTH BETHESDA, MD 20852

**Current Mailing Address:**

909 ROSE AVENUE, SUITE 200  
NORTH BETHESDA, MD 20852 US

**FEI Number:** 61-1740991

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** MELISSA BUNTING - ASSISTANT VP

04/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title ASST. SECRETARY  
Name HOUGH, DARLENE  
Address 909 ROSE AVENUE, SUITE 200  
City-State-Zip: NORTH BETHESDA MD 20852

Title SVP - DEVELOPMENT  
Name MEISER, RAMSEY  
Address 909 ROSE AVENUE, SUITE 200  
City-State-Zip: NORTH BETHESDA MD 20852

Title EXECUTIVE VP - CORPORATE  
Name BECKER, DAWN  
Address 909 ROSE AVENUE, SUITE 200  
City-State-Zip: NORTH BETHESDA MD 20852

Title VP - CONSTRUCTION  
Name DILLON, PATRICK  
Address 909 ROSE AVENUE, SUITE 200  
City-State-Zip: NORTH BETHESDA MD 20852

Title EXECUTIVE VP - EASTERN REGION  
PRESIDENT  
Name SEHER, WENDY  
Address 909 ROSE AVENUE, SUITE 200  
City-State-Zip: NORTH BETHESDA MD 20852

Title EXECUTIVE VP - CHIEF FINANCIAL  
OFFICER AND TREASURER  
Name GUGLIELMONE, DANIEL  
Address 909 ROSE AVENUE, SUITE 200  
City-State-Zip: NORTH BETHESDA MD 20852

Title VP - ASSET MANAGEMENT  
Name MELGARD, CHRISTIAN  
Address 909 ROSE AVENUE, SUITE 200  
City-State-Zip: NORTH BETHESDA MD 20852

Title DIRECTOR - TENANT COORDINATION  
Name WHITACRE, AMY  
Address 909 ROSE AVENUE, SUITE 200  
City-State-Zip: NORTH BETHESDA MD 20852

**Continues on page 2**

*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:** DARLENE M. HOUGH

ASSISTANT SECRETARY

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title PROJECT MANAGER, CONSTRUCTION &  
TENANT SERVICES  
Name MILES, ALEXANDRA  
Address 909 ROSE AVENUE, SUITE 200  
City-State-Zip: NORTH BETHESDA MD 20852

Title REGIONAL MANAGER  
Name RIVAS, WILLIAM  
Address 909 ROSE AVENUE, SUITE 200  
City-State-Zip: NORTH BETHESDA MD 20852