

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000225768

**Entity Name:** CCC ADDISON, LLC

**Current Principal Place of Business:**

2020 SALZEDO STREET, STE. 200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2020 SALZEDO STREET, STE. 200  
CORAL GABLES, FL 33134 US

**FEI Number:** 81-5046634

**Certificate of Status Desired:** No

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

EISENACHER, HAROLD  
2020 SALZEDO STREET, STE. 200  
CORAL GABLES, 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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name GABLE, BLAKE  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title VP, DIRECTOR  
Name GOGUEN, BRIAN  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title PRESIDENT, DIRECTOR  
Name CARR, JAMES  
Address 2020 SALZEDO STREET, STE. 200  
City-State-Zip: CORAL GABLES FL 33134

Title VP, DIRECTOR  
Name BURNHAM, ANDREW  
Address 2020 SALZEDO STREET, STE. 200  
City-State-Zip: CORAL GABLES FL 33134

Title VP, SECRETARY, ASST. TREASURER  
Name ROMERO, RAFAEL  
Address 2020 SALZEDO STREET  
5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP, TREASURER, ASST. SECRETARY  
Name EISENACHER, HAROLD  
Address 2020 SALZEDO STREET, STE. 200  
City-State-Zip: CORAL GABLES FL 33134

*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:** JAMES CARR

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04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date