

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000183200

**Entity Name:** MCCA OFF CAMPUS HOUSING LLC

**Current Principal Place of Business:**

95 MERRICK WAY  
SUITE 300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

95 MERRICK WAY  
SUITE 300  
CORAL GABLES, FL 33134 US

**FEI Number:** 83-1475315

**Certificate of Status Desired:** No

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

CLAURE, MARTIN  
1207 MARIOLA CT  
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	MGR
Name	CLAURE, MARTIN
Address	95 MERRICK WAY SUITE 300
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:** MARTIN CLAURE

**MANAGER**

**03/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date