

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000240433

Entity Name: MORRIS USTLER CV DEVELOPMENT, LLC**Current Principal Place of Business:**121 ALHAMBRA PLAZA
1600
CORAL GABLES, FL 33134**Current Mailing Address:**121 ALHAMBRA PLAZA
1600
CORAL GABLES, FL 33134**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PINEIRO, ENRIQUE
121 ALHAMBRA PLAZA
1600
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	MORRIS, WILLIAM A
Address	121 ALHAMBRA PLAZA, SUITE 1600
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	USTLER, CRAIG
Address	800 N ORANGE AVENUE, SUITE 200
City-State-Zip:	ORLANDO FL 32801

Title	MGR
Name	GIL, YAZMIN
Address	121 ALHAMBRA PLAZA, SUITE 1600
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	PINEIRO, ENRIQUE
Address	121 ALHAMBRA PLAZA, SUITE 1600
City-State-Zip:	CORAL GABLES FL 33134

Title	COO
Name	DICORPO, PETER
Address	THE ALLEN MORRIS COMPANY 121 ALHAMBRA PLAZA SUITE 1600
City-State-Zip:	CORAL GABLES FL 33134

Title	EXECUTIVE VP
Name	MORRIS, SPENCER
Address	THE ALLEN MORRIS COMPANY 121 ALHAMBRA PLAZA SUITE 1600
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: YAZMIN GIL**MANAGER****01/13/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date