

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000156141

**FILED**  
**Mar 19, 2023**  
**Secretary of State**  
**0216007877CC**

**Entity Name:** BRUNFELSIA TWENTY-TWO LINK LLC

**Current Principal Place of Business:**

701 BRICKELL AVE  
SUITE 2100  
MIAMI, FL 33131

**Current Mailing Address:**

701 BRICKELL AVE  
SUITE 2100  
MIAMI, FL 33131 US

**FEI Number:** 84-2183214

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name ULLOA , SANTIAGO  
Address 701 BRICKELL AVE  
SUITE 2100  
City-State-Zip: MIAMI FL 33131

Title MEMBER  
Name ZEUNER , MICHAEL  
Address 701 BRICKELL AVE  
SUITE 2100  
City-State-Zip: MIAMI FL 33131

Title MEMBER  
Name MALDONADO, CESAR  
Address 701 BRICKELL AVE  
SUITE 2100  
City-State-Zip: MIAMI FL 33131

Title MEMBER  
Name MCCUTCHEON, EDWARD D.  
Address 701 BRICKELL AVE  
SUITE 2100  
City-State-Zip: MIAMI FL 33131

Title MEMBER  
Name REVOCABLE TRUST OF 2008  
Address 701 BRICKELL AVE  
SUITE 2100  
City-State-Zip: MIAMI FL 33131

Title MEMBER  
Name LAGOMASINO, MARIA ELENA  
Address 701 BRICKELL AVE  
SUITE 2100  
City-State-Zip: MIAMI FL 33131

Title MEMBER  
Name SANTIAGO ULLOA REVOCABLE TRUST  
Address 701 BRICKELL AVE  
SUITE 2100  
City-State-Zip: MIAMI FL 33131

Title MEMBER  
Name CEBALLOS, PABLO  
Address 701 BRICKELL AVE  
SUITE 2100  
City-State-Zip: MIAMI FL 33131

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*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:** SANTIAGO ULLOA

**MEMBER**

**03/19/2023**

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

\_\_\_\_\_  
Date

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

Title MEMBER  
Name SVEN HUBER REVOCABLE TRUST U/T/D 12/20/17  
Address 701 BRICKELL AVE  
SUITE 2100  
City-State-Zip: MIAMI FL 33131