2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2023
Secretary of State
4247138411CC

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Entity Name: BRUNFELSIA TWENTY-FOUR RIVERPARK VENTURE 3 LLC

Current Principal Place of Business:

701 BRICKELL AVE STE 2100
MIAMI, FL 33131

Current Mailing Address:

701 BRICKELL AVE STE 2100
MIAMI, FL 33131 US

FEI Number: 84-2804607

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

Title	AUTHORIZED MEMBER
Name	SALAZAR, CAROLINA
Address	701 BRICKELL AVE STE 2100
City-State-Zip:	MIAMI FL 33131

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

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

Title	AUTHORIZED MEMBER
Name	HUBER, SVEN
Address	701 BRICKELL AVE STE 2100
City-State-Zip:	MIAMI FL 33131

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

Title	AUTHORIZED MEMBER
Name	ORTEGA, ROCIO
Address	701 BRICKELL AVE STE 2100
City-State-Zip:	MIAMI FL 33131

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: SVEN HUBER MEMBER 04/02/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date