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.

MANAGER

SIGNATURE: CHRISTOPHE L DIFALCO

Electronic Signature of Signing Authorized Person(s) Detail

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

#### Authorized Person(s) Detail :

Authorized Ferson(s) Detail .				
Title	MGR	Title	MGR	
Name	DIFALCO, CHRISTOPHE L	Name	MARENCO, KIMBERLY J	
Address	1 ALHAMBRA PLAZA SUITE 1460	Address	1 ALHAMBRA PLAZA SUITE 1460	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

# 2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

#### DOCUMENT# L20000071987

Entity Name: DF MANAGER, LLC

# Current Principal Place of Business:

1 ALHAMBRA PLAZA SUITE 1460 CORAL GABLES, FL 33134

### **Current Mailing Address:**

1 ALHAMBRA PLAZA SUITE 1460 CORAL GABLES, FL 33134 US

#### FEI Number: 85-0505304

## Name and Address of Current Registered Agent:

DIFALCO & FERNANDEZ, LLLP 1 ALHAMBRA PLAZA SUITE 1460 CORAL GABLES, FL 33134 US

Date

Date

FILED Mar 18, 2024 Secretary of State 3371630697CC

Certificate of Status Desired: No

03/18/2024