2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000099071

LLC

Entity Name: BRUNFELSIA TWENTY-EIGHT-RVP VIA SERIES E COINVEST

Current Principal Place of Business:

701 BRICKEL AVENUE, SUITE 2100 MIAMI, FL 33131

Current Mailing Address:

701 BRICKEL AVENUE, SUITE 2100 MIAMI, FL 33131

FEI Number: 85-0684733 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 MEMBER

FILED Apr 02, 2023

Secretary of State

6874229782CC

Authorized Person(s) Detail :

AUTHORIZED MEMBER Title AUTHORIZED MEMBER Name ULLOA, SANTIAGO Name ZEUNER, MICHAEL

Address 701 BRICKEL AVENUE, SUITE 2100 Address 701 BRICKEL AVENUE, SUITE 2100

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title **AUTHORIZED MEMBER** Title **AUTHORIZED MEMBER** Name SVEN HUBER REVOCABLE TRUST Name SALAZAR, CAROLINA

U/T/D 12/20/17

Address 701 BRICKEL AVENUE, SUITE 2100 Address 701 BRICKEL AVENUE, SUITE 2100

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title Title **AUTHORIZED MEMBER**

Name CEBALLOS, PABLO Name LAGOMASINO, MARIA ELENA

Address 701 BRICKEL AVENUE, SUITE 2100 Address 701 BRICKEL AVENUE, SUITE 2100

City-State-Zip: MIAMI FL 33131

City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER Title **AUTHORIZED MEMBER**

Name ORTEGA, ROCIO Name **REVOCABLE TRUST OF 2008**

Address 701 BRICKEL AVENUE, SUITE 2100

Address 701 BRICKEL AVENUE, SUITE 2100 City-State-Zip: MIAMI FL 33131

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.

MEMBER SIGNATURE: SANTIAGO ULLOA

Electronic Signature of Signing Authorized Person(s) Detail

04/02/2023 Date