2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000106810

Entity Name: RD ATLANTA OFFICE, LLC

Current Principal Place of Business:

2850 TIGERTAIL AVE SUITE 800 MIAMI, FL 33133

Current Mailing Address:

2850 TIGERTAIL AVE SUITE800 MIAMI, FL 33133

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US FILED Apr 29, 2022 Secretary of State 1747927247CC

Certificate of Status Desired: No

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:

Address

City-State-Zip: MIAMI FL 33133

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AMBR	Title	CHAIRMAN, CEO
Name	RELATED DEVELOPMENT, LLC	Name	PEREZ, JORGE M
Address	2850 TIGERTAIL AVE SUITE 800	Address	2850 TIGERTAIL AVE SUITE 800
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	PRESIDENT	Title	VP
Name	PATTERSON, STEVE	Name	PEREZ, JON PAUL
Address	2850 TIGERTAIL AVE SUITE 800	Address	2850 TIGERTAIL AVE SUITE 800
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	VP	Title	VP, SECRETARY, TREASURER
Name	ALLEN, MATTHEW	Name	HOYOS, JEFFERY
Address	2850 TIGERTAIL AVE SUITE 800	Address	2850 TIGERTAIL AVE SUITE 800
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title			
Title	VP		

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: RELATED DEVELOPMENT, LLC

2850 TIGERTAIL AVE SUITE 800

MEMBER, BY JOHN DUEMIG, ATTORNEY IN FACT 04/29/2022

Date

Electronic Signature of Signing Authorized Person(s) Detail