

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000485758

Entity Name: ADDSFP HAWKS RIDGE, LLC**Current Principal Place of Business:**355 ALHAMBRA CIRCLE, SUITE 1450
CORAL GABLES, FL 33134**Current Mailing Address:**355 ALHAMBRA CIRCLE, SUITE 1450
CORAL GABLES, FL 33134 US**FEI Number:** 88-1190429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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	MGR
Name	ALVAREZ, PEDRO
Address	355 ALHAMBRA CIRCLE, SUITE 1450
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	DELGADO, ALBERTO J
Address	355 ALHAMBRA CIRCLE, SUITE 1450
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	DIAZ-SILVEIRA, ALBERT
Address	355 ALHAMBRA CIRCLE, SUITE 1450
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	FERNANDEZ, MANUEL A
Address	355 ALHAMBRA CIRCLE, SUITE 1450
City-State-Zip:	CORAL GABLES FL 33134

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: ALBERT DIAZ-SILVEIRA**MGR****04/11/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date