

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000020715

Entity Name: JI IPS BUILDING C HOLDING COMPANY, LLC

Current Principal Place of Business:

14747 N. NORTHSIGHT BLVD,
SUITE 111-431
SCOTTSDALE, AZ 85016

FILED
May 02, 2023
Secretary of State
6466443111CC

Current Mailing Address:

14747 N. NORTHSIGHT BLVD,
SUITE 111-431
SCOTTSDALE, AZ 85016 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 32013 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 ALDRETE, JAVIER
Address 14747 N. NORTHSIGHT BLVD,
SUITE 111-431
City-State-Zip: SCOTTSDALE AZ 85016

Title MGR
Name PACHECO, MICHAEL
Address 2525 E. CAMELBACK RD.
STE 880 PHOENIX
City-State-Zip: SCOTTSDALE AZ 85016

Title MGR
Name HARRISON, DAVID M
Address 14747 N. NORTHSIGHT BLVD,
SUITE 111-431
City-State-Zip: SCOTTSDALE AZ 85016

Title MEMBER
Name VTC FL INVESTMENTS INC
Address 14747 N. NORTHSIGHT BLVD,
SUITE 111-431
City-State-Zip: SCOTTSDALE AZ 85016

Title MEMBER
Name VNVT 2009 TRUST,
Address 14747 N. NORTHSIGHT BLVD,
SUITE 111-431
City-State-Zip: SCOTTSDALE AZ 85016

Title MEMBER
Name JLVT 2009 TRUST.
Address 14747 N. NORTHSIGHT BLVD,
SUITE 111-431
City-State-Zip: SCOTTSDALE AZ 85016

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: PACHECO, MICHAEL

MANAGER

05/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date