2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000183794

Entity Name: P66 SHARED FACILITIES MANAGER, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD STE 200

ORLANDO, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD STE 200 ORLANDO, FL 32827 US

FEI Number: 88-2334212 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Mar 10, 2023

Secretary of State

9991502040CC

Authorized Person(s) Detail :

Title Title VΡ

COLLIN, T. CRAIG THAKKAR, RASESH Name Name

Address 6900 TAVISTOCK LAKES BLVD STE Address 6900 TAVISTOCK LAKES BLVD STE

200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title Title **VPT**

Name BEUCHER, NICHOLAS F III Name BYRNES, DANIEL

6900 TAVISTOCK LAKES BLVD STE Address 6900 TAVISTOCK LAKES BLVD STE Address

ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827 City-State-Zip:

Title VPS Title VΡ

Name RENCORET, MICHELLE R Name WEAVER, BENJAMIN A

6900 TAVISTOCK LAKES BLVD STE Address Address 6900 TAVISTOCK LAKES BLVD STE

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VΡ

GANDOLFO, CHRISTOPHER Name

Address 6900 TAVISTOCK LAKES BLVD STE

200

ORLANDO FL 32827 City-State-Zip:

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.

03/10/2023 SIGNATURE: BENJAMIN A. WEAVER VICE PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

Date