

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000357844

**FILED**  
**Mar 07, 2023**  
**Secretary of State**  
**4666054251CC**

**Entity Name:** SFR CAPITAL TRUSTEE II LLC

**Current Principal Place of Business:**

1001 MANATI AVENUE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1001 MANATI AVENUE  
CORAL GABLES, FL 33146 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SFR CAPITAL LLC  
1001 MANATI AVENUE  
CORAL GABLES, FL 33146 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 SFR CAPITAL LLC  
Address 1001 MANATI AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER  
Name LORIE, CATHERINE H  
Address 1001 MANATI AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name LORIE, RAFAEL T  
Address 1001 MANATI AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name HIBSHMAN, EDWARD  
Address 1000 N.W. NORTH RIVER DRIVE #111  
City-State-Zip: MIAMI FL 33136

*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:** CATHERINE LORIE

**MANAGER**

**03/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date