

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005737

**Entity Name:** CLK MULTI FAMILY MANAGEMENT, LLC**Current Principal Place of Business:**5545 MURRAY AVENUE  
3RD FLOOR  
MEMPHIS, TN 38119**Current Mailing Address:**P.O. BOX 241936  
MEMPHIS, TN 38124-9997 US**FEI Number:** 20-1696623**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND RD.  
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

**Authorized Person(s) Detail :**

Title	P
Name	KOENIGSBERG, CRAIG
Address	5545 MURRAY AVENUE, 3RD FLOOR
City-State-Zip:	MEMPHIS TN 38119

Title	V
Name	KOENIGSBERG, ELAINE
Address	5545 MURRAY AVENUE, 3RD FLOOR
City-State-Zip:	MEMPHIS TN 38119

Title	V
Name	WEINSTEIN, ROB
Address	5545 MURRAY AVENUE, 3RD FLOOR
City-State-Zip:	MEMPHIS TN 38119

Title	V
Name	JOHNSON, LEWIS D
Address	5545 MURRAY AVENUE, 3RD FLOOR
City-State-Zip:	MEMPHIS TN 38119

Title	ST
Name	CORDOVA, JEFF
Address	5545 MURRAY AVENUE, 3RD FLOOR
City-State-Zip:	MEMPHIS TN 38119

Title	COMPTROLLER, CPA AGENT FOR OWNER
Name	DAVIS, SHAE
Address	5545 MURRAY AVENUE 3RD FLOOR
City-State-Zip:	MEMPHIS TN 38119

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:** SHAE DAVISCOMPTROLLER CPA  
AGENT FOR OWNER

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date