

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005737

**FILED**  
**Jun 13, 2019**  
**Secretary of State**  
**1751603789CC**

**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 241388  
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

*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:** LEWIS D JOHNSON

**VICE PREC**

**06/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date