

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1300000668

**Entity Name:** AMP/CPL-THP ADJACENT PROPERTY, LLC

**Current Principal Place of Business:**

5355 TOWN CENTER ROAD,  
SUITE 350  
BOCA RATON, FL 33486

**FILED**  
**Jan 30, 2020**  
**Secretary of State**  
**3662551911CC**

**Current Mailing Address:**

5355 TOWN CENTER ROAD  
STE 350  
BOCA RATON, FL 33486 US

**FEI Number: 80-0889837**

**Certificate of Status Desired: No**

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

C T CORPORATION  
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 MGRM  
Name AMP/CPL-THP HOLDINGS, LLC  
Address 5355 TOWN CENTER ROAD,  
SUITE 350  
City-State-Zip: BOCA RATON FL 33486

Title PRESIDENT  
Name CROCKER, THOMAS J  
Address 5355 TOWN CENTER ROAD,  
SUITE 350  
City-State-Zip: BOCA RATON FL 33486

Title VICE PRESIDENT AND SECRETARY  
Name BIANCO, ANGELO J  
Address 5355 TOWN CENTER ROAD,  
SUITE 350  
City-State-Zip: BOCA RATON FL 33486

Title VP  
Name EACHUS, CHRISTOPHER D  
Address 5355 TOWN CENTER ROAD,  
SUITE 350  
City-State-Zip: BOCA RATON FL 33486

Title VICE PRESIDENT AND TREASURER  
Name AMARA, TODD J  
Address 5355 TOWN CENTER ROAD,  
SUITE 350  
City-State-Zip: BOCA RATON FL 33486

*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: TODD J AMARA**

**V**

**01/30/2020**

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

\_\_\_\_\_  
Date