

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000077855

**Entity Name:** ADVENIR@MALLORY LAKE GP, INC.

**Current Principal Place of Business:**

17501 BISCAYNE BOULEVARD, SUITE 300  
AVENTURA, FL 33160

**Current Mailing Address:**

17501 BISCAYNE BOULEVARD, SUITE 300  
AVENTURA, FL 33160 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TORRES LAW, P.A.  
888 SOUTHEAST THIRD AVENUE, SUITE 400  
FORT LAUDERDALE, FL 33316 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

**Officer/Director Detail :**

Title            PTS  
Name            VECCHITTO, STEPHEN L  
Address        17501 BISCAYNE BOULEVARD, SUITE  
                  300  
City-State-Zip: AVENTURA FL 33160

Title            VP  
Name            VECCHITTO, DAVID L  
Address        17501 BISCAYNE BOULEVARD, SUITE  
                  300  
City-State-Zip: AVENTURA FL 33160

Title            VP  
Name            ZAVERUCHA, MATTHEW V  
Address        17501 BISCAYNE BOULEVARD, SUITE  
                  300  
City-State-Zip: AVENTURA FL 33160

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN VECCHITTO

**MANAGING DIRECTOR**

**04/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date