

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052816

Entity Name: GIRALDA COMPLEX, LLC**Current Principal Place of Business:**2222 PONCE DE LEON BLVD.
3RD FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**2222 PONCE DE LEON BLVD.
3RD FLOOR
CORAL GABLES, FL 33134 US**FEI Number:** 20-1371381**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STILES PROPERTY MANAGER
201 EAST LAS OLAS BOULEVARD
12TH FLOOR
FORT LAUDERDALE, FL 33301 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:** DIEULA (DEE) GUERRIER

02/07/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|------------------------------------|
| Title | MGR |
| Name | TABET, KIM |
| Address | 299 ALHAMBRA CIRCLE SUITE # 512 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|-----------------------------------|
| Title | MGR |
| Name | ECKES-CHANTRE, HEIDRUN |
| Address | 299 ALHAMBRA CIRCLE SUITE #512 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|---|
| Title | DVP |
| Name | BROWN, CHRISTOPHER ESQ. |
| Address | 275 GIRALDA AVENUE MANAGEMENT OFFICE |
| City-State-Zip: | CORAL GABLES FL 33134 |

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: CHRISTOPHER BROWN

VICE-PRESIDENT

02/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date