

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000029102

Entity Name: HORA MANAGEMENT PROGRAM, LLC

Current Principal Place of Business:

5225 COLLINS AVE
SUITE 1421
MIAMI BEACH, FL 33140

Current Mailing Address:

5225 COLLINS AVE
SUITE 1421
MIAMI BEACH, FL 33140 US

FEI Number: 45-4665077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HONIGSFELD, MARK
5225 COLLINS AVENUE#1421
MIAMI BEACH, FL 33140 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: MARK HONIGSFELD

03/09/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	AUTHORIZED REPRESENTATIVE
Name	HONIGSFELD, MARK	Name	REIG, GUSTAVO
Address	5225 COLLINS AVE SUITE 1421	Address	5225 COLLINS AVE SUITE 1421
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	DI SIMONE, ANA	Name	SINSAJOA , LESLIE
Address	5225 COLLINS AVE SUITE 1421	Address	5225 COLLINS AVE SUITE 1421
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140
Title	AUTHORIZED REPRESENTATIVE		
Name	STEINHAUSER , MIRIAM		
Address	5225 COLLINS AVE SUITE 1421		
City-State-Zip:	MIAMI BEACH FL 33140		

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: MARK HONIGSFELD

MANAGER MEMBER

03/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date