

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000007023

Entity Name: CC AVE MARIA HOLDINGS, LLC**Current Principal Place of Business:**2020 SALZEDO STREET, SUITE 200
CORAL GABLES, FL 33134**Current Mailing Address:**2020 SALZEDO STREET, SUITE 200
CORAL GABLES, FL 33134 US**FEI Number:** 46-1910573**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EISENACHER, HAROLD
2020 SALZEDO STREET, SUITE 200
CORAL GABLES, FL 33134 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:** HAROLD EISENACHER

04/12/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name CARR, JAMES
Address 2020 SALZEDO STREET, SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Title VP, TREASURER, ASST. SECRETARY
Name EISENACHER, HAROLD
Address 2020 SALZEDO STREET, SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name GABLE, BLAKE
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title VP
Name GRAGG, K. LAWRENCE
Address 2020 SALZEDO STREET
5TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP, SECRETARY, ASST. TREASURER
Name MIYARES, ANDRES
Address 2020 SALZEDO STREET, SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name GOGUEN, BRIAN
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

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: JAMES CARR

PRESIDENT

04/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date