

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000020096

Entity Name: PARC CENTRAL AVENTURA EAST CONDOMINIUM
ASSOCIATION HOLDING COMPANY, LLC**FILED**
Nov 01, 2022
Secretary of State
1595859479CC**Current Principal Place of Business:**3300 NE 192 STREET
MANAGEMENT OFFICE
AVENTURA, FL 33180**Current Mailing Address:**3300 NE 192 STREET
AVENTURA, FL 33180 US**FEI Number: 36-4312843****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ZIFRONY, MATTHEW
C/O TRIPP SCOTT PA
110 SE 6TH ST, FLOOR 15
FT 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PARC CENTRAL AVENTURA EAST
CONDOMINIUM ASS
Address 3300 NE 192 STREET
City-State-Zip: AVENTURA FL 33180

Title VP
Name FRIEDMAN, RONALD
Address 3300 NE 192 STREET
MANAGEMENT OFFICE
City-State-Zip: AVENTURA FL 33180

Title SECRETARY
Name KEDEM, IRIS
Address 3300 NE 192 STREET
MANAGEMENT
City-State-Zip: AVENTURA FL 33180

Title PRESIDENT
Name SINGLETARY, JAMES T
Address 3300 NE 192ND STREET
City-State-Zip: MIAMI FL 33180

Title TREASURER
Name VALVERDE, CESAR
Address 3300 NE 192 STREET
MANAGEMENT OFFICE
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name ARENA, SALVATORE
Address 3300 NE 192 STREET
MANAGEMENT
City-State-Zip: AVENTURA FL 33180

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: CATHERINE GONELL-SOLER**LCAM****11/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date