

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000173747

**Entity Name:** ARRP MIAMI II, LLC

**Current Principal Place of Business:**

2200 BISCAYNE BLVD  
MIAMI, FL 33137

**Current Mailing Address:**

2200 BISCAYNE BLVD  
MIAMI, FL 33137 US

**FEI Number:** 46-4407933

**Certificate of Status Desired:** No

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

NEWBERG, JONATHAN B  
C/O CRESCENT HEIGHTS  
2200 BISCAYNE BOULEVARD  
MIAMI, FL 33137 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           MANAGER  
Name           ARRP MIAMI HOLDINGS, LLC  
Address        2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title           PRESIDENT  
Name           GALBUT, MARISA  
Address        2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title           VP  
Name           MUHLRAD, MARK  
Address        2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title           VP  
Name           NEWBERG, JONATHAN  
Address        2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title           SECRETARY  
Name           DACHOH, SHLOMO  
Address        2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title           TREASURER  
Name           DE ALMAGRO, PABLO  
Address        2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

*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:** PABLO DEALMAGRO

**TREASURER**

**01/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date