

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000165152

Entity Name: PAVE IT FORWARD SOUTH, LLC**Current Principal Place of Business:**4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811**Current Mailing Address:**4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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 MATTAMY ORLANDO LLC
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title PRESIDENT
Name BASS, KEITH E
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP, SECRETARY
Name SWARTZ, NICOLE MARGINIAN
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name GRANEY, TIMOTHY P
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name LOPEZ, ERIC
Address 4901 VINELAND ROAD, SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name MANCHESTER, ELIZABETH
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name WEIDERHAFT, NEIL
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name ICKOVIC, JEREMY CHAD
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

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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: NICOLE MARGINIAN SWARTZ**SECRETARY****03/25/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	VP
Name	REINERT, JAMES ALLEN
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811