

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000121535

**Entity Name:** THE GALLERY AT RIVER PARC MANAGER, LLC

**Current Principal Place of Business:**

2850 TIGERTAIL AVE,  
SUITE 800  
MIAMI, FL 33133

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**3446199764CC**

**Current Mailing Address:**

2850 TIGERTAIL AVE,  
SUITE 800  
MIAMI, FL 33133 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK, INC  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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	MGR	Title	P
Name	JMP, LLC	Name	PEREZ, JORGE M
Address	2850 TIGERTAIL AVE, SUITE 800	Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	V	Title	V
Name	ALLEN, MATTHEW J	Name	HOYOS, JEFFERY
Address	2850 TIGERTAIL AVE, SUITE 800	Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	V	Title	V
Name	MILO, ALBERTO JR.	Name	DEL POZZO, TONY
Address	2850 TIGERTAIL AVE, SUITE 800	Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

*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: JMP, LLC**

**MANAGER, BY JOHN  
DUEMIG, ATTORNEY IN  
FACT**

**04/29/2022**

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

\_\_\_\_\_  
Date

