

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000224710

**Entity Name:** CV - PARCEL M PARTNERS, LLC

**Current Principal Place of Business:**

800 N. ORANGE AVE.  
SUITE 200  
ORLANDO, FL 32801

**Current Mailing Address:**

800 N. ORANGE AVE.  
SUITE 200  
ORLANDO, FL 32801

**FEI Number:** 82-3246146

**Certificate of Status Desired:** No

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

USTLER, CRAIG  
800 N. ORANGE AVE.  
SUITE 200  
ORLANDO, FL 32801 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  
Name USTLER, CRAIG  
Address 800 N. ORANGE AVE. SUITE 200  
City-State-Zip: ORLANDO FL 32801

Title MANAGER  
Name MORRIS, W ALLEN  
Address 121 ALHAMBRA PLAZA.  
SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name GIL, YAZMIN  
Address 121 ALHAMBRA PLAZA  
SUITE 1600  
City-State-Zip: CORA GBLES FL 33134

Title VP  
Name MORRIS, SPENCER  
Address 121 ALHAMBRA PLAZA  
SUITE 200 SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title COO  
Name DICORPO, PETER  
Address 121 ALHAMBRA PLAZA, SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name PINEIRO, ENRIQUE  
Address THE ALLEN MORRIS COMPANY  
SUITE 1600 SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

*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:** YAZMIN GIL

**MANAGER**

**01/08/2021**

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

\_\_\_\_\_  
Date