

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000226898

**Entity Name:** SUPERIOR MANOR PHASE II, LLC

**Current Principal Place of Business:**

8500 NW 25 AVENUE  
MIAMI, FL 33147

**Current Mailing Address:**

8500 NW 25 AVENUE  
MIAMI, FL 33147 UN

**FEI Number:** 83-2070130

**Certificate of Status Desired:** No

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

GROSS, OLIVER L  
8500 NW 25TH AVENUE  
MIAMI, FL 33147 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 AMBR  
Name SMA II MANAGER, LLC  
Address 8500 NW 25 AVENUE  
City-State-Zip: MIAMI 33147

Title MGR  
Name SMA II MANAGER, LLC  
Address 8500 NW 25 AVENUE  
City-State-Zip: MIAMI 33147

Title PRESIDENT  
Name GROSS, OLIVER L  
Address 8500 NW 25 AVENUE  
MIAMI  
City-State-Zip: MIAMI FL 33147

Title VP  
Name FRANKLIN, KEITH  
Address 8500 NW 25 AVENUE  
City-State-Zip: MIAMI FL 33147

Title TREASURER  
Name MICHALAKOS, THEMIS  
Address 8500 NW 25TH AVENUE  
City-State-Zip: MIAMI FL 33147

*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:** OLIVER L. GROSS

**PRESIDENT**

**04/12/2023**

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

\_\_\_\_\_  
Date