

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000257407

Entity Name: CCB MIRAMAR TIC, LLC

Current Principal Place of Business:

2020 SALZEDO STREET STE 200
CORAL GABLES, FL 33134

Current Mailing Address:

2020 SALZEDO STREET STE 200
CORAL GABLES, FL 33134 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISENACHER, HAROLD
2020 SALZEDO STREET STE 200
CORAL GABLES, FL 33134 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 PRESIDENT, DIRECTOR
Name CARR, JAMES
Address 2020 SALZEDO STREET STE 200
City-State-Zip: CORAL GABLES FL 33134

Title VP, TREASURER
Name EISENACHER, HAROLD
Address 2020 SALZEDO STREET STE 200
City-State-Zip: CORAL GABLES FL 33134

Title VP, SECRETARY, DIRECTOR
Name MIYARES, ANDRES
Address 2020 SALZEDO STREET STE 200
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name WRIGHT, JAMES
Address 2020 SALZEDO STREET STE 200
City-State-Zip: CORAL GABLES FL 33134

Title VP, ASST. SECRETARY, DIRECTOR
Name PARKER, BRUCE
Address 401 EAST LAS OLAS BLVD
 SUITE 800
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name WISE, SETH
Address 401 EAST LAS OLAS BLVD
 SUITE 800
City-State-Zip: FORT LAUDERDALE FL 33301

Title VP
Name ROMERO, RAFAEL
Address 2020 SALZEDO STREET
 5TH FLOOR
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: JAMES CARR

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04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date