

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000156053

**FILED  
Jul 28, 2021  
Secretary of State  
5657174001CC**

**Entity Name:** PONCE 2019 MANAGER LLC

**Current Principal Place of Business:**

2000 PONCE DE LEON BLVD  
STE. 615  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2000 PONCE DE LEON BLVD  
STE. 615  
CORAL GABLES, FL 33134 US

**FEI Number:** 84-2277212

**Certificate of Status Desired:** No

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

FRANCO, XAVIER A  
255 ALHAMBRA CIRCLE, STE. 925  
925  
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 MGR  
Name SCHWARZBERG, MARC  
Address 2000 PONCE DE LEON BLVD  
STE. 615  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ORTEGA, JOSE A  
Address 2000 PONCE DE LEON BLVD  
STE. 615  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name SALAZAR, ALEJANDRO  
Address 2000 PONCE DE LEON BLVD  
STE. 615  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name GANA, RODRIGO  
Address 2000 PONCE DE LEON BLVD  
STE. 615  
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:** MARC SCHWARZBERG

**MANAGER**

**07/28/2021**

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

\_\_\_\_\_  
Date