

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000040983

Entity Name: AVENTURA ORLANDO APARTMENTS, LLC

Current Principal Place of Business:

3211 PONCE DE LEON BLVD STE 301
CORAL GABLES, FL 33134

Current Mailing Address:

3211 PONCE DE LEON BLVD STE 301
CORAL GABLES, FL 33134

FEI Number: 84-4710626

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZOVLUCK, LYNN
8730 NW 36 AVE
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 | MGR | Title | MGR |
| Name | MILTON, CECIL | Name | MILTON, FRANK |
| Address | 3211 PONCE DE LEON BLVD STE 301 | Address | 3211 PONCE DE LEON BLVD STE 301 |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 |
| | | | |
| Title | MGR | Title | MGR |
| Name | MILTON, JOSEPH | Name | BARKER, REX M |
| Address | 3211 PONCE DE LEON BLVD STE 301 | Address | 3211 PONCE DE LEON BLVD STE 301 |
| City-State-Zip: | CORAL GABLES FL 33134 | 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: REX BARKER

MGR

03/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date