2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0000001203

Entity Name: KIR KEY LARGO 022, LLC

Current Principal Place of Business:

500 NORTH BROADWAY, SUITE 201

JERICHO, NY 11753

Current Mailing Address:

500 NORTH BROADWAY, SUITE 201 JERICHO. NY 11753 US

FEI Number: 52-2252801 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Apr 28, 2021

Secretary of State

0371830056CC

Authorized Person(s) Detail:

Title AUTHORIZED SIGNATORY Title AUTHORIZED SIGNATORY

Name WESTBROOK, PAUL Name WEINREB, HARVEY G.

Address 500 NORTH BROADWAY, SUITE 201 Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753 City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY Title AUTHORIZED SIGNATORY
Name SIMMONS , WILBUR E. Name O'CONNOR , HILARY J.

Address 500 NORTH BROADWAY, SUITE 201 Address 500 NORTH BROADWAY, SUITE 201

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Title AUTHORIZED SIGNATORY Title AUTHORIZED SIGNATORY

Name FREEMAN, CHRISTOPHER Name DOOLEY, PAUL

Address 500 NORTH BROADWAY, SUITE 201 Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753 City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY Title AUTHORIZED SIGNATORY

Name BRIAMONTE, BARBARA E. Name BAZYDLO, GARY J.

Address 500 NORTH BROADWAY, SUITE 201 Address 500 NORTH BROADWAY, SUITE 201

City-State-Zip: JERICHO NY 11753 City-State-Zip: JERICHO NY 11753

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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: HARVEY G. WEINREB

AUTHORIZED SIGNATORY

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title AUTHORIZED SIGNATORY Title AUTHORIZED SIGNATORY
Name JAMIESON, DAVID Name EDWARDS, RAYMOND

Address 500 NORTH BROADWAY, SUITE 201 Address 500 NORTH BROADWAY, SUITE 201

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Title AUTHORIZED SIGNATORY Title AUTHORIZED SIGNATORY

Name COHEN, GLENN G. Name COOPER, ROSS

Address 500 NORTH BROADWAY, SUITE 201 Address 500 NORTH BROADWAY, SUITE 201

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Title AUTHORIZED SIGNATORY Title AUTHORIZED SIGNATORY

Name FLYNN, CONOR C. Name TEICHMAN , WILLIAM

Address 500 NORTH BROADWAY, SUITE 201 Address 500 NORTH BROADWAY, SUITE 201

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