

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000004518

Entity Name: 201 NW 22ND AVE OWNER, LLC

Current Principal Place of Business:

C/O ASB CAPITAL MANAGEMENT LLC
7501 WISCONSIN AVE., SUITE 1300W
BETHESDA, MD 20814

FILED
Apr 26, 2024
Secretary of State
0304775436CC

Current Mailing Address:

C/O ASB CAPITAL MANAGEMENT LLC
7501 WISCONSIN AVE., SUITE 1300W
BETHESDA, MD 20814 US

FEI Number: 35-2662850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MEMBER, MANAGER
Name ASB ALLEGIANCE INVESTMENTS, LLC
Address C/O ASB CAPITAL MANAGEMENT LLC
7501 WISCONSIN AVE., SUITE 1300W
City-State-Zip: BETHESDA MD 20814

Title PRESIDENT
Name BELLINGER, ROBERT B.
Address C/O ASB CAPITAL MANAGEMENT LLC
7501 WISCONSIN AVE., SUITE 1300W
City-State-Zip: BETHESDA MD 20814

Title SECRETARY
Name REED, BRENDAN J.
Address C/O ASB CAPITAL MANAGEMENT LLC
7501 WISCONSIN AVE., SUITE 1300W
City-State-Zip: BETHESDA MD 20814

Title SENIOR VICE PRESIDENT
Name QUIGLEY, DAVID T.
Address C/O ASB CAPITAL MANAGEMENT LLC
744 COWPER STREET
City-State-Zip: PALO ALTO CA 94301

Title TREASURER
Name HIERONYMUS, JOHN
Address C/O ASB CAPITAL MANAGEMENT LLC
7501 WISCONSIN AVE., SUITE 1300W
City-State-Zip: BETHESDA MD 20814

Title VP
Name RULAND, BRODIE
Address C/O ASB CAPITAL MANAGEMENT LLC
7501 WISCONSIN AVE., SUITE 1300W
City-State-Zip: BETHESDA MD 20814

Title VP
Name FRANZETTI, NICOLAS
Address C/O ASB CAPITAL MANAGEMENT LLC
7501 WISCONSIN AVE., SUITE 1300W
City-State-Zip: BETHESDA MD 20814

Title VP
Name BRAITHWAITE, LAWRENCE
Address C/O ASB CAPITAL MANAGEMENT LLC
7501 WISCONSIN AVE., SUITE 1300W
City-State-Zip: BETHESDA MD 20814

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: BRENDAN J. REED

SECRETARY

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

