

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000008598

**Entity Name:** CARLYLE PH2 LLC

**Current Principal Place of Business:**

1250 OCEAN DR.  
#PH2  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

15 LINDEN AVE.  
WILMETTE, IL 60091 US

**FEI Number:** 47-4501162

**Certificate of Status Desired:** No

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

BENMEIR, RACHEL  
560 NE 57TH ST.  
MIAMI, FL 33137 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	BOKHARI, ZULFIQAR	Name	PIKE, PAULITA L
Address	15 LINDEN AVENUE	Address	15 LINDEN AVENUE
City-State-Zip:	WILMETTE IL 60091	City-State-Zip:	WILMETTE IL 60091

*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:** PAULITA PIKE

**MGR**

**04/30/2021**

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

\_\_\_\_\_  
Date