

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000000664

**Entity Name:** PPF AMLI 45 WYNWOOD, LLC

**Current Principal Place of Business:**

141 WEST JACKSON BOULEVARD  
SUITE:300  
CHICAGO, IL 60604

**FILED**  
**Apr 12, 2024**  
**Secretary of State**  
**6821493235CC**

**Current Mailing Address:**

141 WEST JACKSON BOULEVARD  
SUITE:300  
CHICAGO, IL 60604 US

**FEI Number: 84-3115388**

**Certificate of Status Desired: No**

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

CT 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

**Authorized Person(s) Detail :**

Title	MBR	Title	ASST. SECRETARY
Name	PPF AMLI DEVCO, LLC	Name	MARTENS, JULIE
Address	141 WEST JACKSON BOULEVARD, SUITE:300	Address	141 WEST JACKSON BOULEVARD STE 300
City-State-Zip:	CHICAGO IL 60604	City-State-Zip:	CHICAGO IL 60604
Title	AUTHORIZED REPRESENTATIVE	Title	SECRETARY
Name	RICE, ALICIA	Name	EVANGELOU, ALINA
Address	888 EAST LAS OLAS BOULEVARD SUITE:601	Address	141 WEST JACKSON BOULEVARD, SUITE:300
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	CHICAGO IL 60604
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	ROSS, STEPHEN	Name	THOMSON, MATTHEW
Address	141 WEST JACKSON BOULEVARD, SUITE:300	Address	888 EAST LAS OLAS BOULEVARD, SUITE:601
City-State-Zip:	CHICAGO IL 60604	City-State-Zip:	FORT LAUDERDALE FL 33301

*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: JULIE MARTENS**

**ASSISTANT SECRETARY 04/12/2024**

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

\_\_\_\_\_  
Date