

2022 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 27, 2022
Secretary of State
4189028632CC

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	SPARROW, CHARLOTTE
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: LORENA MONTENEGRO

CORPORATE RECORDS **04/27/2022**
MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date