# 2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M22000001805

Entity Name: ILPT MIA FL LLC

Aug 06, 2024 Secretary of State 6243489577CC

**FILED** 

## **Current Principal Place of Business:**

TWO NEWTON PLACE 255 WASHINGTON ST NEWTON, MA 02458

### **Current Mailing Address:**

TWO NEWTON PLACE 255 WASHINGTON ST NEWTON, MA 02458 US

FEI Number: NOT APPLICABLE 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:

Address

Address

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title MANAGER Title MANAGER

Name PORTNOY, ADAM D. Name JORDAN, MATTHEW P.

Address TWO NEWTON PLACE Address TWO NEWTON PLACE 255 WASHINGTON ST 255 WASHINGTON ST

233 WASHINGTON 31

City-State-Zip: NEWTON MA 02458 City-State-Zip: NEWTON MA 02458

Title CFO, TREASURER Title PRESIDENT, COO

Name SY, TIFFANY R Name DUFFY, YAEL

TWO NEWTON PLACE Address TWO NEWTON PLACE

255 WASHINGTON ST 255 WASHINGTON ST

City-State-Zip: NEWTON MA 02458 City-State-Zip: NEWTON MA 02458

Title SECRETARY Title ASST. SECRETARY

Name CLARK, JENNIFER B. Name ANDERSON, JACQUELYN S.

TWO NEWTON PLACE Address TWO NEWTON PLACE

255 WASHINGTON ST 255 WASHINGTON ST

City-State-Zip: NEWTON MA 02458 City-State-Zip: NEWTON MA 02458

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: TIFFANY R. SY,

CFO, TREASURER

08/06/2024