## 2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M22000019057

Entity Name: SOUTHGATE TOWERS OF DELAWARE, LLC

FILED
Aug 03, 2023
Secretary of State
8338005231CC

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

4582 S. ULSTER ST., STE. 1700 DENVER, CO 80237

## **Current Mailing Address:**

4582 S. ULSTER ST., STE. 1700 DENVER, CO 80237 US

FEI Number: 88-4176986 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 MBR Title AR

Name APARTMENT INCOME REIT, L.P. Name ORGAN, TONY

Address 4582 S. ULSTER ST., STE. 1700 Address 4582 S. ULSTER ST., STE. 1700

City-State-Zip: DENVER CO 80237 City-State-Zip: DENVER CO 80237

Title AR Title ASST. SECRETARY

Name DIAMOND, KEN Name FARMER, JOY

Address 4582 S. ULSTER ST., STE. 1700 Address 4582 S. ULSTER ST., STE. 1700

City-State-Zip: DENVER CO 80237 City-State-Zip: DENVER CO 80237

Title AR Title VP

Name COHN, LISA Name LIVELY, ETHAN

Address 4582 S ULSTER STREET, SUITE 1700 Address 4582 S ULSTER ST

SUITE 1700

City-State-Zip: DENVER CO 80237 City-State-Zip: DENVER CO 80237

Title VP

Name OLITE, CAROLE

Address 4582 S. ULSTER ST., STE. 1700

City-State-Zip: DENVER CO 80237

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: JOY FARMER ASSISTANT SECRETARY 08/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date