

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000194421

**Entity Name:** VESTA PEAK LLC

**Current Principal Place of Business:**

1111 BRICKELL AVENUE  
SUITE 2600  
MIAMI, FL 33131

**FILED**  
**Apr 11, 2024**  
**Secretary of State**  
**7682102354CC**

**Current Mailing Address:**

1111 BRICKELL AVENUE  
SUITE 2600  
MIAMI, FL 33131 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD STE 1050  
CORAL GABLES, FL 33134 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	PLATTE RIVER MANAGEMENT INC	Name	PLATTE RIVER II MANAGEMENT INC
Address	1ST FL BLDG A. CAVES CORPORATE CENTER BLAKE ROAD AND WEST BAY ST PO BOX N-399	Address	1ST FL, BLDG A. CAES CORPORATE CENTER BLAKE ROAD AND WEST BAY STREET PO BOX 3944
City-State-Zip:	NASSAU	City-State-Zip:	NASSAU

*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: PLATTE RIVER MANAGEMENT INC**

**MGR**

**04/11/2024**

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

\_\_\_\_\_  
Date