

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000017527

Entity Name: LKV REALTY, LLC**Current Principal Place of Business:**4425 PONCE DE LEON BLVD., 2ND FLOOR
CORAL GABLES, FL 33146**Current Mailing Address:**4425 PONCE DE LEON BLVD., 2ND FLOOR
CORAL GABLES, FL 33146**FEI Number:** 88-3924271**Certificate of Status Desired:** Yes**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 P
Name KASPER, MAREN
Address 4425 PONCE DE LEON BLVD., 2ND FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVPS
Name BOMSTEIN, BRIAN E
Address 4425 PONCE DE LEON BLVD., 2ND FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name O'BRIEN, RICHARD T JR.
Address 4425 PONCE DE LEON BLVD., 2ND FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title CFO
Name MAGEE, MICHAEL
Address 4425 PONCE DE LEON BLVD., 2ND FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name MAGEE, MICHAEL
Address 4425 PONCE DE LEON BLVD., 2ND FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name EVENSON, BRETT S
Address 4425 PONCE DE LEON BLVD., 2ND FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title VP, MANAGER
Name ROBERTS, LEWIS JAMES
Address 10657 ESSEX SQ BLVD
City-State-Zip: FT. MEYERS FL 33913

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: MAREN KASPER**PRESIDENT****01/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date