

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000026110

**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC7216642610**

**Entity Name:** FLORIDA PENINSULA HOLDINGS, LLC

**Current Principal Place of Business:**

903 NW 65TH ST  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

903 NW 65TH ST  
SUITE 200  
BOCA RATON, FL 33487

**FEI Number:** 25-1919210

**Certificate of Status Desired:** No

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

GIULIANTI, STACEY AESQ  
903 NW 65TH STREET  
SUITE 200  
BOCA RATON, FL 33487 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  
Name ADKINS, PAUL MMANAGER  
Address 18743 LONG LAKE DRIVE  
City-State-Zip: BOCA RATON FL 33496

Title MGR  
Name CANTOR, GARY AMANAGER  
Address 903 NW 65 ST  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name STRAUCH, CLINT BMANAGER  
Address 3317 NE 30 AVE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** GARY CANTOR

**MANAGER**

**01/24/2018**

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

\_\_\_\_\_  
Date