

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000115096

**Entity Name:** 3750 FIELDVIEW, LLC

**Current Principal Place of Business:**

3629 AIKEN COURT  
WELLINGTON, FL 33414

**FILED**  
**Feb 03, 2016**  
**Secretary of State**  
**CC6145154046**

**Current Mailing Address:**

C/O MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD., SUITE 1302  
WELLINGTON, FL 33414 US

**FEI Number:** 26-1407865

**Certificate of Status Desired:** Yes

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

MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BOULEVARD  
SUITE 1302  
WELLINGTON, FL 33414 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	MGRM	Title	MANAGER, AUTHORIZED MEMBER
Name	POTAMKIN GANZI, MELISSA	Name	GANZI, MARC C
Address	3629 AIKEN COURT	Address	3629 AIKEN COURT
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

*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:** MELISSA POTAMKIN GANZI

**MGRM**

**02/03/2016**

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

\_\_\_\_\_  
Date