

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034053

Entity Name: THE POINT AT PORT CHARLOTTE, LLC**Current Principal Place of Business:**4645 S.E. 11TH PLACE,
SUITE 103
CAPE CORAL, FL 33904**Current Mailing Address:**4645 S.E. 11TH PLACE,
SUITE 103
CAPE CORAL, FL 33904 US**FEI Number:** 27-0243340**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PINEDA, HERNAN
4645 S.E. 11TH PLACE, SUITE 103
CAPE CORAL, FL 33904 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:** HERNAN PINEDA

04/27/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT
Name	PINEDA, HERNAN
Address	4645 S.E. 11TH PLACE, SUITE 103
City-State-Zip:	CAPE CORAL FL 33904
Title	MGRM
Name	DIEZ, MARIA A
Address	4645 S.E. 11TH PLACE, SUITE 103
City-State-Zip:	CAPE CORAL FL 33904
Title	MGRM
Name	VIOLET ENTERPRISES
Address	4645 S.E. 11TH PLACE, SUITE 103
City-State-Zip:	CAPE CORAL FL 33904
Title	AMBR
Name	METHODICA, LLC
Address	1013 CENTRE ROAD, SUITE 40
City-State-Zip:	WILMINGTON DE 19805

Title	MGRM
Name	AMCA ASSET HOLDINGS INC
Address	4645 S.E. 11TH PLACE, SUITE 103
City-State-Zip:	CAPE CORAL FL 33904
Title	MGRM
Name	PELAYA HOLDINGS INC
Address	4645 S.E. 11TH PLACE, SUITE 103
City-State-Zip:	CAPE CORAL FL 33904
Title	MGRM
Name	CADEMAR S.A.
Address	4645 S.E. 11TH PLACE, SUITE 103
City-State-Zip:	CAPE CORAL FL 33904

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: PINEDA , HERNAN

PRESIDENT

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date