

**2015 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

**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:**

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

Title            VP  
Name            VELAS SANTACRUZ, INC.  
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

P

03/26/2015

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

\_\_\_\_\_  
Date