

2024 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

03/12/2024

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 AMCA ASSET HOLDINGS INC
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 AMBR
Name METHODICA, LLC
Address 1013 CENTRE ROAD, SUITE 40
City-State-Zip: WILMINGTON DE 19805

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

03/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date