

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000085556

FILED
Apr 30, 2021
Secretary of State
7622886496CC

Entity Name: FPC PROPERTY MANAGEMENT AND INVESTMENT GROUP LLC

Current Principal Place of Business:

6600 NW 27TH AVENUE
MIAMI, FL 33147

Current Mailing Address:

P.O. BOX 420261
MIAMI, FL 33242 US

FEI Number: 46-3015353

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FRAZIER, LARON
18840 NW 23RD AVE
MIAMI GARDENS, FL 33056 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: LARON FRAZIER

04/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	SECRETARY
Name	PHILLIPS , ELROD	Name	WILSON, HERMONA KATRINA
Address	6600 NW 27TH AVENUE	Address	PO BOX 420261
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	MIAMI FL 33242
Title	PRESIDENT	Title	MANAGER
Name	FRAZIER, LARON	Name	FRAZIER , LANIYAH
Address	18840 NW 23RD AVE	Address	6600 NW 27TH AVENUE
City-State-Zip:	MIAMI GARDENS FL 33056	City-State-Zip:	MIAMI FL 33147
Title	MANAGER	Title	MANAGER
Name	FRAZIER , LARON JR.	Name	FRAZIER , TIANNA
Address	6600 NW 27TH AVENUE	Address	6600 NW 27TH AVENUE
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	MIAMI FL 33147
Title	AUTHORIZED MEMBER	Title	VP, TREASURER
Name	MCKENZIE , MICHAEL	Name	GRAHAM-FRAZIER, LASHONDA G
Address	6600 NW 27TH AVENUE	Address	6600 NW 27TH AVENUE
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	MIAMI FL 33147

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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: LARON FRAZIER

PRESIDENT

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER

Name JOHNSON, ARTRAVIA

Address 6600 NW 27TH AVENUE

City-State-Zip: MIAMI FL 33147