

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000085556

**FILED**  
**Sep 22, 2022**  
**Secretary of State**  
**2653116891CC**

**Entity Name:** FPC CONSTRUCTION AND PROPERTY MANAGEMENT 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

09/22/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title SECRETARY  
Name WILSON, HERMONA KATRINA  
Address PO BOX 420261  
City-State-Zip: MIAMI FL 33242

Title PRESIDENT  
Name FRAZIER, LARON  
Address 18840 NW 23RD AVE  
City-State-Zip: MIAMI GARDENS FL 33056

Title MANAGER  
Name FRAZIER , LANIYAH  
Address 6600 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33147

Title MANAGER  
Name FRAZIER , LARON JR.  
Address 6600 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33147

Title MANAGER  
Name FRAZIER , TIANNA  
Address 6600 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33147

Title AUTHORIZED MEMBER  
Name MCKENZIE , MICHAEL  
Address 6600 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33147

Title VP, TREASURER  
Name GRAHAM-FRAZIER, LASHONDA G  
Address 6600 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33147

Title MANAGER  
Name GRAHAM , JORDAN  
Address 6600 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33147

**Continues on page 2**

*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

MANAGER

09/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER

Name           MAYNARD , ERICA

Address        6600 NW 27TH AVENUE

City-State-Zip: MIAMI FL 33147