

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000153583

Entity Name: VILLAS AT BRIGER, LLC

Current Principal Place of Business:

2199 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES, FL 33134

FILED
Apr 20, 2018
Secretary of State
CC0365453815

Current Mailing Address:

P.O. BOX 3435
WEST PALM BEACH, FL 33401 US

FEI Number: 46-4279082

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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: ARMANDO A. TABERNILLA

04/20/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: PRESIDENT
Name: FANJUL, JOSE F. JR.
Address: P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title: SENIOR VICE PRESIDENT
Name: BLOMQVIST, ERIK J.
Address: P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title: VP
Name: PORRO, JUAN
Address: P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title: VICE PRESIDENT & ASSISTANT SECRETARY
Name: ROSS, DANIEL D.
Address: P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title: VICE PRESIDENT & SECRETARY
Name: TABERNILLA, ARMANDO A.
Address: P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title: VICE PRESIDENT OF TAXATION
Name: ZUKOWSKI, PHILIP M.
Address: P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title: MANAGER
Name: FCI RESIDENTIAL CORPORATION
Address: 2199 PONCE DE LEON BLVD.
SUITE 201
City-State-Zip: CORAL GABLES FL 33134

Title: VP, FINANCE & TREASURER
Name: LONDONO, ALEJANDRO
Address: P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

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: ARMANDO TABERNILLA

VICE PRESIDENT

04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date