

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000020549

**Entity Name:** FC LAND INVESTMENT A, LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD  
SUITE 401  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 3435  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 46-4834184

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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	MGR	Title	SENIOR VICE PRESIDENT
Name	FCI RESIDENTAIL CORPORATION	Name	BLOMQVIST, ERIK J.
Address	2199 PONCE DE LEON BLVD SUITE 401	Address	1 NORTH CLEMATIS SUITE 200
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	WEST PALM BEACH FL 33401
Title	VP	Title	VP, SECRETARY
Name	PORRO, JUAN C.	Name	TABERNILLA, ARMANDO A.
Address	1 NORTH CLEMATIST SUITE 200	Address	1 NORTH CLEMATIS STRET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	PRESIDENT	Title	VICE PRESIDENT OF TAXATION
Name	FANJUL, JOSE F.	Name	ZUKOWSKI, PHILIP M.
Address	1 NORTH CLEMATIS STREET SUITE 200	Address	1 NORTH CLEMATIS STRET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER	Title	VP, FINANCE & TREASURER
Name	HENDI, MEHDI	Name	LONDONO, ALEJANDRO
Address	1 NORTH CLEMATIS SUITE 200	Address	1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

**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:** FCI RESIDENTIAL CORPORATION

**MGR**

**04/29/2021**

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

\_\_\_\_\_  
Date

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

Title ASSISTANT SECRETARY  
Name SADLER, BENJAMIN  
Address 1 NORTH CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401