2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000126836

Entity Name: FCI DEVELOPMENT ELEVEN, LLC

Current Principal Place of Business:

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

Current Mailing Address:

PO BOX 3435 WEST PALM BEACH. FL 33401

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US

FILED Jun 11, 2020

Secretary of State

Date

Certificate of Status Desired: No

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:

Address

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	SENIOR VICE PRESIDENT
Name	FCI RESIDENTIAL CORPORATION	Name	BLOMQVIST, ERIK J.
Address	2199 PONCE DE LEON BLVD SUITE 201	Address	2199 PONCE DE LEON BLVD SUITE 201
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	VP	Title	VP, SECRETARY
Name	PORRO, JUAN C.	Name	TABERNILLA, ARMANDO A.
Address	PO BOX 3435	Address	PO BOX 3435
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. JR.	Name	ZUKOWSKI, PHILIP M.
Address	PO BOX 3435	Address	PO BOX 3435
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	VP, FINANCE & TREASURER		
Name	LONDONO, ALEJANDRO		

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 A. TABERNILLA

PO BOX 3435 City-State-Zip: WEST PALM BEACH FL 33401

VICE PRESIDENT

06/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date