

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000156243

**Entity Name:** FCI CAMINO, LLC

**Current Principal Place of Business:**

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

**FILED**  
**Apr 19, 2022**  
**Secretary of State**  
**4441339348CC**

**Current Mailing Address:**

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

**FEI Number:** 47-5264690

**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	PRESIDENT	Title	SENIOR VICE PRESIDENT
Name	FANJUL, JOSE F. JR.	Name	BLOMQVIST, ERIK J.
Address	ONE NORTH CLEMATIS ST. 200	Address	ONE NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	VP	Title	VICE PRESIDENT & SECRETARY
Name	PORRO, JUAN C.	Name	TABERNILLA, ARMANDO A.
Address	ONE NORTH CLEMATIS STREET SUITE 200	Address	ONE NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM NEACH FL 33401
Title	VP, TAXATION	Title	MANAGER
Name	ZUKOWSKI, PHILIP M.	Name	FCI RESIDENTIAL CORPORATION
Address	ONE NORTH CLEMATIS STREET SUITE 200	Address	2199 PONCE DE LEON BLVD. SUITE 401
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	CORAL GABLES FL 33134
Title	VP, FINANCE & TREASURER	Title	VICE PRESIDENT & CHIEF ACCOUNTING OFFICER
Name	LONDONO, ALEJANDRO	Name	HENDI, MEHDI
Address	1 NORTH CLEMATIS STREET 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:** ARMANDO A. TABERNILLA

**VICE PRESIDENT**

**04/19/2022**

\_\_\_\_\_  
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