

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000072398

**Entity Name:** HORIZONS 218, LLC

**Current Principal Place of Business:**

7751 NW 114 PLACE  
DORAL, FL 33178

**Current Mailing Address:**

7751 NW 114 PLACE  
DORAL, FL 33178 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SAMPER, MICHELLE  
7751 NW 114 PLACE  
DORAL, FL 33178 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           | MGR               |
| Name            | INFANTE, JUAN C   | Name            | SAMPER, MICHELLE  |
| Address         | 7751 NW 114 PLACE | Address         | 7751 NW 114 PLACE |
| City-State-Zip: | DORAL FL 33178    | City-State-Zip: | DORAL FL 33178    |

*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:** MICHELLE SAMPER

**MANAGER**

**03/22/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date