

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000102330

Entity Name: FRONTIER VILLAGE DAVIE, LLC

Current Principal Place of Business:

300 S. PINE ISLAND ROAD
SUITE 309
PLANTATION, FL 33324

Current Mailing Address:

300 S. PINE ISLAND ROAD
SUITE 309
PLANTATION, FL 33324 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMOLER, BRUCE J
2611 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020 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
Name COHEN, PASCAL
Address 300 S. PINE ISLAND ROAD, SUITE 309
City-State-Zip: PLANTATION FL 33324

Title MGR
Name GANANSIA, PATRICK
Address 300 S. PINE ISLAND ROAD, SUITE 309
City-State-Zip: PLANTATION FL 33324

Title MGR
Name PATRIER, MICHEL
Address 300 S. PINE ISLAND ROAD, SUITE 309
City-State-Zip: PLANTATION FL 33324

Title MGR
Name TOURET, SACHA
Address 300 S. PINE ISLAND ROAD, SUITE 309
City-State-Zip: PLANTATION FL 33324

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: SACHA TOURET

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date