

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000102330

**Entity Name:** FRONTIER VILLAGE DAVIE, LLC

**Current Principal Place of Business:**

2875 NE 191ST ST.  
SUITE 600  
AVENTURA, FL 33180

**Current Mailing Address:**

2875 NE 191ST ST.  
SUITE 600  
AVENTURA, FL 33180 US

**FEI Number:** 83-2832839

**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 2875 NE 191ST ST.  
SUITE 600  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name GANANSIA, PATRICK  
Address 2875 NE 191ST ST.  
SUITE 600  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name PATRIER, MICHEL  
Address 2875 NE 191ST ST.  
SUITE 600  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name TOURET, SACHA  
Address 2875 NE 191ST ST.  
SUITE 600  
City-State-Zip: AVENTURA FL 33180

*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:** PASCAL COHEN

MGR

02/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date