

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000124658

Entity Name: FC MIRAMAR PHASE III, LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 83-0655464

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
Name FANJUL, JOSE F. JR.
Address P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title SENIOR VICE PRESIDENT
Name BLOMQVIST, ERIK J.
Address P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title SR. VICE PRESIDENT, FINANCE &
 TREASURER
Name LONDONO, ALEJANDRO
Address P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name PORRO, JUAN C.
Address P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, TAXATION
Name ZUKOWSKI, PHILIP M.
Address P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT & SECRETARY
Name TABERNILLA, ARMANDO A.
Address P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER
Name FCI RESIDENTIAL CORPORATION
Address P.O. BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

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

08/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date