

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000207694

Entity Name: VILLA SOTA BOCA TOWN CENTER LLC**Current Principal Place of Business:**6000 GLADES RD
SUITE 1048A
BOCA RATON, FL 33431**Current Mailing Address:**6000 GLADES RD
SUITE 1048A
BOCA RATON, FL 33431 US**FEI Number:** 83-1876184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROZENCWAIG & NADEL, LLP
301 W HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 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, AVY A
Address 6000 GLADES RD
SUITE 1048A
City-State-Zip: BOCA RATON FL 33431Title MGR
Name COHEN, AARON A
Address 6000 GLADES RD
SUITE 1048A
City-State-Zip: BOCA RATON FL 33431Title MGR
Name GABRIEL DE CHENE, CARLOS
Address 6000 GLADES RD
SUITE 1048A
City-State-Zip: BOCA RATON FL 33431Title MGR
Name COHEN, KAREN ARMANDO
Address 6000 GLADES RD
SUITE 1048A
City-State-Zip: BOCA RATON FL 33431Title MGR
Name PFEFFER, VIVIAN
Address 6000 GLADES RD
SUITE 1048A
City-State-Zip: BOCA RATON FL 33431Title MGR
Name RAMP, MAXIMILIANO R
Address 6000 GLADES RD
SUITE 1048A
City-State-Zip: BOCA RATON FL 33431

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: AARON A COHEN

MGR

06/28/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date