

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000116460

**Entity Name:** VILLAGE AT OLD CUTLER, LLC

**Current Principal Place of Business:**

12895 SW 132 ST.  
202  
MIAMI, FL 33186

**Current Mailing Address:**

12895 SW 132 ST.  
202  
MIAMI, FL 33186 US

**FEI Number:** 84-2224147

**Certificate of Status Desired:** No

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

AHS RESIDENTIAL, LLC  
12895 SW 132 ST.  
202  
MIAMI, FL 33186 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 LOPES, ERNESTO  
Address 12895 SW 132 ST. SUITE 202  
City-State-Zip: MIAMI FL 33186

Title AR  
Name GONZALEZ, CARLOS E  
Address 12895 SW 132 ST. SUITE 202  
City-State-Zip: MIAMI FL 33186

Title AR  
Name MARCHANTE, OSVALDO J  
Address 12895 SW 132 ST. SUITE 202  
City-State-Zip: MIAMI FL 33186

Title AR  
Name BLAS, RICARDO  
Address 12895 SW 132ND ST  
SUITE 202  
City-State-Zip: MIAMI FL 33186

*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:** CARLOS E GONZALEZ

AR

03/11/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date