

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000116460

Entity Name: VILLAGE AT OLD CUTLER, LLC**Current Principal Place of Business:**12895 SW 132ND ST.
MIAMI, FL 33186**Current Mailing Address:**12895 SW 132ND ST.
MIAMI, FL 33186 US**FEI Number:** 84-2224147**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
801 US HWY 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 AMBR
Name OLD CUTLER JV LLC
Address 12895 SW 132 ST. SUITE 202
City-State-Zip: MIAMI FL 33186

Title CEOP
Name LOPES, ERNESTO
Address 12895 SW 132 ST. SUITE 202
City-State-Zip: MIAMI FL 33186

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

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

Title COOA
Name BLAS, RICARDO
Address 12895 SW 132 ST.
City-State-Zip: MIAMI FL 33186

Title CFOA
Name CAIXETA, THIAGO
Address 12895 SW 132 ST.
City-State-Zip: MIAMI FL 33186

Title CHIEF TECHNOLOGY
OFFICER/AUTHORIZED
REPRESENTATIVE
Name BATISTA , FABRIZIO
Address 12895 SW 132ND ST.
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: ERNESTO LOPESCEOP, BY JULIE
PHILLIPS, ATTORNEY-IN-F

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date