

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000179158

**Entity Name:** SPECTRUM RESORT CLUB, LLC

**Current Principal Place of Business:**

ONE TOWN CENTER  
SUITE 600  
BOCA RATON, FL 33486

**Current Mailing Address:**

ONE TOWN CENTER  
SUITE 600  
BOCA RATON, FL 33486

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DIFIIORE, CORA  
ONE TOWN CENTER  
SUITE 600  
BOCA RATON, FL 33486 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            EHOFF II-SPECTRUM, LLC  
Address        ONE TOWN CENTER, SUITE 600  
City-State-Zip: BOCA RATON FL 33486

Title            MANAGER  
Name            CHISTE, JOHN F  
Address        1 TOWN CENTER ROAD  
                  600  
City-State-Zip: BOCA RATON FL 33486

*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:** CORA DIFIIORE

RA

05/17/2021

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

\_\_\_\_\_  
Date