2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000276786

Entity Name: FC MIRAMAR PHASE V COMMERCIAL, LLC

FILED Apr 20, 2022 **Secretary of State** 0695113026CC

Current Principal Place of Business:

2199 PONCE DE LEON BLVD.

SUITE 401

CORAL GABLES, FL 33134

Current Mailing Address:

PO BOX 3435

WEST PALM BEACH, FL 33401 US

FEI Number: 84-3965468 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

Authorized Person(s) Detail:

VΡ Title **PRESIDENT** Title

Name FANJUL, JOSE F. JR. Name PORRO, JUAN C.

Address 1 NORTH CLEMATIS STREET Address 1 NORTH CLEMATIS STRET SUITE 20

SUITE 200

WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip:

VICE PRESIDENT & SECRETARY Title Title VP, TAXATION

TABERNILLA, ARMANDO A. Name ZUKOWSKI, PHILIP M. Name

1 NORTH CLEMATIS STREET Address Address 1 NORTH CLEMATIS STREET

> SUITE 200 SUITE 200

WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 City-State-Zip: City-State-Zip:

Title SENIOR VICE PRESIDENT Title VP, FINANCE & TREASURER BLOMQVIST, ERIK J. LONDONO. ALEJANDRO Name Name

Address 1 NORTH CLEMATIS STRET Address 1 NORTH CLEMATIS STRRET

SUITE 200

City-State-Zip: WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 City-State-Zip:

Title **MANAGER** Title VICE PRESIDENT AND CHIEF

ACCOUNTING OFFICER FCI RESIDENTIAL CORPORATION Name

Name HENDI, MEHDI 2199 PONCE DE LEON BLVD. Address

Address 1 NORTH CLEMATIS STREET SUITE 401

SUITE 200 CORAL GABLES FL 33134 City-State-Zip:

City-State-Zip: WEST PALM BEACH FL 33401

Continues on page 2

SUITE 200

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.

04/20/2022 SIGNATURE: ARMANDO TABERNILLA VICE PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date

Authorized Person(s) Detail Continued:

Title ASSISTANT SECRETARY
Name SADLER, BENJAMIN

Address 1 NORTH CLEMATIS STREET

SUITE 200

City-State-Zip: WEST PALM BEACH FL 33401