

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000276786

**Entity Name:** FC MIRAMAR PHASE V COMMERCIAL, LLC

**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

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	VP
Name	FANJUL, JOSE F. JR.	Name	PORRO, JUAN C.
Address	1 NORTH CLEMATIS STREET SUITE 200	Address	1 NORTH CLEMATIS STRET SUITE 20
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	VICE PRESIDENT & SECRETARY	Title	SENIOR VICE PRESIDENT
Name	TABERNILLA, ARMANDO A.	Name	BLOMQVIST, ERIK J.
Address	1 NORTH CLEMATIS STREET SUITE 200	Address	1 NORTH CLEMATIS STRET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	VP, FINANCE & TREASURER	Title	MANAGER
Name	LONDONO, ALEJANDRO	Name	FCI RESIDENTIAL CORPORATION
Address	1 NORTH CLEMATIS STRRET SUITE 200	Address	2199 PONCE DE LEON BLVD. SUITE 401
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	CORAL GABLES FL 33134
Title	VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER	Title	ASSISTANT SECRETARY
Name	HENDI, MEHDI	Name	SADLER , BENJAMIN
Address	1 NORTH CLEMATIS STREET SUITE 200	Address	1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

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*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: ARMANDO A. TABERNILLA

VICE PRESIDENT &  
SECRETARY, BY LAUREN  
DUEMIG, ATTORNEY-IN-  
FACT

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT VICE PRESIDENT, TAX  
Name JACOBS, NICK  
Address 2199 PONCE DE LEON BLVD.  
SUITE 401  
City-State-Zip: CORAL GABLES FL 33134

Title ASSISTANT VICE PRESIDENT, TAX  
Name RICE, BRIAN D.  
Address 2199 PONCE DE LEON BLVD.  
SUITE 401  
City-State-Zip: CORAL GABLES FL 33134