2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000278871

Entity Name: EATHIAL, 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: 84-3991398

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.

SIGNATUR	E: DIANA SERRA, SPECIAL SECRETARY			04/18/2024			
	Electronic Signature of Registered Agent			Date			
Authorized Person(s) Detail :							
Title	MGR	Title	PRESIDENT				
Name	FCI RESIDENTIAL CORPORATION	Name	FANJUL, JR., JOSE F.				
Address	2199 PONCE DE LEON BLVD STE 401	Address	1 NORTH CLEMATIS STREET SUITE 200				
City-State-Zip	: CORAL GABLES FL 33134	City-State-Zip:	WEST PALM BEACH FL 3340	1			
Title		Title	VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER				
Name	BLOMQVIST , ERIK J.	Name	HENDI, MEHDI				
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 3340	1			
Title	VP, FINANCE & TREASURER	Title	VP				
Name	LONDONO, ALEJANDRO	Name	PORRO, JUAN C.				
Address	1 NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH FL 33404	Address	1 NORTH CLEMATIS STREET				
City State Zin		Address	SUITE 200				
City-State-Zip		City-State-Zip:	WEST PALM BEACH FL 3340	1			
Title	VICE PRESIDENT & SECRETARY						
Name	TABERNILLA, ARMANDO A.	Title	ASSISTANT SECRETARY				
Address	1 NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH FL 33401	Name	SADLER, BENJAMIN				
		Address	1 NORTH CLEMATIS STREET SUITE 200				
City-State-Zip:		City-State-Zip:	WEST PALM BEACH FL 3340	1			

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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 & 04/18/2024 SECRETARY, BY LAUREN DUEMIG, ATTORNEY-IN-FACT

FILED Apr 18, 2024 Secretary of State 7157271084CC

Certificate of Status Desired: No

VIC

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