

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000025382

Entity Name: FC AVENIR, LLC**Current Principal Place of Business:**2199 PONCE DE LEON BLVD.
SUITE 401
CORAL GABLES, FL 33134**Current Mailing Address:**P.O. BOX 3435
WEST PALM BEACH, FL 33401 US**FEI Number:** 84-4589305**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 MGR
Name FCI RESIDENTIAL CORPORATION
Address 2199 PONCE DEL LEON BLVD., SUITE 201
City-State-Zip: CORAL GABLES FL 33134

Title SENIOR VICE PRESIDENT
Name BLOMQVIST, ERIK J.
Address 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, FINANCE & TREASURER
Name LONDONO, ALEJANDRO
Address 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, TAXATION
Name ZUKOWSKI, PHILIP M.
Address 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT
Name FANJUL, JOSE F. JR.
Address 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT & CHIEF ACCOUNTING OFFICER
Name HENDI, MEHDI
Address 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name PORRO, JUAN C.
Address 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title ASSISTANT SECRETARY
Name SADLER, BENJAMIN
Address 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

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: FCI RESIDENTIAL**MANAGER****04/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date