

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

Title SENIOR VICE PRESIDENT  
Name BLOMQUIST, ERIK J.  
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, FINANCE & TREASURER  
Name LONDONO, ALEJANDRO  
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 VP, TAXATION  
Name ZUKOWSKI, PHILIP M.  
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