## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000078979

Entity Name: LAKE WORTH ROAD 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: 85-0548971 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VP, FINANCE & TREASURER

CORPORATE CREATIONS NETWORK, INC. 801 U.S. 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:

Title

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title **PRESIDENT** 

Name FCI RESIDENTIAL CORPORATION Name FANJUL. JOSE F. JR.

Address 2199 PONCE DE LEON BLVD., SUITE Address 1 NORTH CLEMATIS STREET

SUITE 200 401

WEST PALM BEACH FL 33401 City-State-Zip: CORAL GABLES FL 33134 City-State-Zip:

SENIOR VICE PRESIDENT VICE PRESIDENT AND CHIEF Title Title

**ACCOUNTING OFFICER** BLOMQVIST, ERIK J. Name

Name HENDI, MEHDI

1 NORTH CLEMATIS STREET Address

Address 1 NORTH CLEMATIS STREET SUITE 200 SUITE 200

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

Title VΡ LONDONO, ALEJANDRO Name

Name PORRO, JUAN C.

Address 1 NORTH CLEMATIS STREET Address 1 NORTH CLEMATIS STREER

SUITE 200 SUITE 200

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

Title VICE PRESIDENT AND SECRETARY Title ASSISTANT SECRETARY

Name TABERNILLA, ARMANDO A. SADLER, BENJAMIN Name

Address 1 NORTH CLEMATIS STREER 1 NORTH CLEMATIS STREET Address SUITE 200

> SUITE 200 WEST PALM BEACH FL 33401

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

Continues on page 2

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 AND SECRETARY, BY LAUREN DUEMIG, ATTORNEY-IN-**FACT** 

04/19/2024

**FILED** Apr 19, 2024

Secretary of State

0787395734CC

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

Title ASSISTANT VICE PRESIDENT, TAX Title ASSISTANT VICE PRESIDENT, TAX

Name JACOBS, NICK Name RICE, BRIAN D.

Address 2199 PONCE DE LEON BLVD. Address 2199 PONCE DE LEON BLVD.

SUITE 401 SUITE 401

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