

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000183662

Entity Name: P66 VILLA 1, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD STE 200
ORLANDO, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD STE200
ORLANDO, FL 32827

FEI Number: 88-2358640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

FILED
Mar 10, 2023
Secretary of State
8519070278CC

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 P
Name COLLIN, T CRAIG
Address 6900 TAVISTOCK LAKES BLVD STE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name THAKKAR, RASESH
Address 6900 TAVISTOCK LAKES BLVD STE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name BEUCHER, NICHOLAS F III
Address 6900 TAVISTOCK LAKES BLVD STE 200
City-State-Zip: ORLANDO FL 32827

Title VPT
Name BYRNES, DANIEL
Address 6900 TAVISTOCK LAKES BLVD STE 200
City-State-Zip: ORLANDO FL 32827

Title VPS
Name RENCORET, MICHELLE R
Address 6900 TAVISTOCK LAKES BLVD STE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name WEAVER, BENJAMIN A
Address 6900 TAVISTOCK LAKES BLVD STE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name GANDOLFO, CHRISTOPHER
Address 6900 TAVISTOCK LAKES BLVD STE 200
City-State-Zip: ORLANDO FL 32827

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: BENJAMIN A. WEAVER

VICE PRESIDENT

03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date