## 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002524

Entity Name: PRIZZMA LLC

**FILED** Apr 06, 2016 **Secretary of State** CC3423368929

**Current Principal Place of Business:** 

4960 CONFERENCE WAY NORTH, STE. 100

BOCA RATON, FL 33431

**Current Mailing Address:** 

4960 CONFERENCE WAY NORTH, STE. 100 BOCA RATON, FL 33431

FEI Number: 27-5465878 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MGRM** Title MANAGER, VP, TREASURER

**BLUEGREEN RESORTS** PULEO, ANTHONY Name Name

MANAGEMENT, INC. Address 4960 CONFERENCE WAY NORTH, Address

4960 CONFERENCE WAY NORTH, STE. 100

STE. 100 City-State-Zip:

BOCA RATON FL 33431 BOCA RATON FL 33431 City-State-Zip:

Title **SECRETARY** Title MANAGER

Name KAMINER, MICHAEL WARDAK, AHMAD Name

4960 CONFERENCE WAY NORTH, Address 4960 CONFERENCE WAY NORTH, Address STE. 100

STE. 100 City-State-Zip:

BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

Title **PRESIDENT** PONTIUS, DAVID Name

4960 CONFERENCE WAY NORTH, Address

STE. 100

BOCA RATON FL 33431 City-State-Zip:

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.

04/06/2016 **SECRETARY** SIGNATURE: MICHAEL KAMINER

Electronic Signature of Signing Authorized Person(s) Detail

Date