

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002524

Entity Name: PRIZZMA LLC

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BLUEGREEN RESORTS
MANAGEMENT, INC.
Address 4960 CONFERENCE WAY NORTH,
STE. 100
City-State-Zip: BOCA RATON FL 33431

Title MANAGER, VP, TREASURER
Name PULEO, ANTHONY
Address 4960 CONFERENCE WAY NORTH,
STE. 100
City-State-Zip: BOCA RATON FL 33431

Title MANAGER
Name WARDAK, AHMAD
Address 4960 CONFERENCE WAY NORTH,
STE. 100
City-State-Zip: BOCA RATON FL 33431

Title PRESIDENT
Name VACANT, VACANT
Address 4960 CONFERENCE WAY NORTH,
STE. 100
City-State-Zip: BOCA RATON FL 33431

Title VP
Name KIOVU, BRIAN
Address 4960 CONFERENCE WAY NORTH,
STE. 100
City-State-Zip: BOCA RATON FL 33431

Title VP
Name DODD, TERRY
Address 4960 CONFERENCE WAY NORTH,
STE. 100
City-State-Zip: BOCA RATON FL 33431

Title VP/S
Name DE LA OSA, JORGE
Address 4960 CONFERENCE WAY NORTH,
STE. 100
City-State-Zip: BOCA RATON FL 33431

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: JORGE DE LA OSA

SECRETARY

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date