

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000019943

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC6403817401**

**Entity Name:** ST. JOHN VILLAS MANAGEMENT, LLC

**Current Principal Place of Business:**

223 EAST ENID DRIVE  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

223 EAST ENID DRIVE  
KEY BISCAYNE, FL 33149

**FEI Number:** 20-8489003

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIZABETH F. CALVO, P.A.  
328 CRANDON BLVD., SUITE 226  
KEY BISCAYNE, FL 33149 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	Title	MGR
Name	CIVIDINI, JAVIER	Name	CIVIDINI, CLAUDIA
Address	223 EAST ENID DRIVE	Address	223 EAST ENID DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149

*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:** JAVIER CIVIDINI

**MANAGER**

**01/27/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date