

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044012

**Entity Name:** NDRE DR, LLC

**Current Principal Place of Business:**

3801 PGA BOULEVARD  
SUITE 565  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3801 PGA BOULEVARD  
SUITE 565  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HAILE,SHAW & PFAFFENBERGER, P.A.  
660 U.S. HIGHWAY ONE, 3RD FLOOR  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            STRINGER, PAUL T  
Address        3801 PGA BOULEVARD  
                 SUITE 565  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            VP  
Name            BALL, RAYMOND E.  
Address        3801 PGA BOULEVARD  
                 SUITE 565  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            SECRETARY  
Name            SCHNARE, JAMES H II  
Address        3801 PGA BOULEVARD  
                 SUITE 565  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            TREASURER  
Name            COSTANTINO, ELEANOR J.  
Address        3801 PGA BOULEVARD  
                 SUITE 565  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** JAMES H. SCHNARE II

**SECRETARY**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date