

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000115526

**Entity Name:** BOCA VILLAGES PROPERTIES, L.L.C.

**Current Principal Place of Business:**

2330 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2330 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-3884652

**Certificate of Status Desired:** No

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

WORLDWIDE CORPORATE ADMINISTRATORS, LLC  
2330 PONCE DE LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134 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  
Name LEIZAOLA, ANDER  
Address URB. LAS MERCEDES, CALLE LA PENA  
City-State-Zip: RSDC ALAI APT 53 MUN. BAUTA XX CARAC-AS

Title MGR  
Name LEIZAOLA, MIREN LIBE  
Address URB LAS LOMAS DE LA LAGUNITA AV LAS LOMAS  
City-State-Zip: EDIF SANDY PAR APT C1-2 XX CARAC-AS

Title MGR  
Name ARECHABALETA, JON ANDER  
Address EDIF OASIS PISO 12 APT 121B  
City-State-Zip: LOS CEDROS XX CARAC-AS

*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:** JON ANDER ARECHABALETA

**MANAGER**

**03/19/2018**

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

\_\_\_\_\_  
Date