

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000125135

Entity Name: TURNBERRY VILLAGE TS1, LLC

Current Principal Place of Business:

19900 E. COUNTRY CLUB DRIVE
APT. #TS01
AVENTURA, FL 33180

Current Mailing Address:

19900 E. COUNTRY CLUB DRIVE
APT. #TS01
AVENTURA, FL 33180 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROSENFELD & ZALKIND, P.L.
4601 SHERIDAN STREET
STE 200
HOLLYWOOD, FL 33021 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 GUINDI, SAMUEL
Address 19900 E. COUNTRY CLUB DRIVE,
UNIT TS01
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name GUINDI, ZAHIE CHAYO
Address 19900 E. COUNTRY CLUB DRIVE,
UNIT TS01
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name GUINDI, EDUARDO
Address 19900 E. COUNTRY CLUB DRIVE,
UNIT TS01
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name GUINDI, JIMMY
Address 19900 E. COUNTRY CLUB DRIVE
APT. #TS01
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name GUINDI, JONATHAN
Address 19900 E. COUNTRY CLUB DRIVE
APT. #TS01
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name GUINDI, DANIEL
Address 19900 E. COUNTRY CLUB DRIVE
APT. #TS01
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name GUINDI, FRIDA
Address 19900 E. COUNTRY CLUB DRIVE
APT. #TS01
City-State-Zip: AVENTURA FL 33180

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: SAMUEL GUINDI

MGR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date