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. 04/09/2019 SIGNATURE: PIUS STADLER

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 4915 SW 2ND PLACE CAPE CORAL, FL 33914

Entity Name: VILLA SANTA CRUZ, LLC

Current Mailing Address:

DOCUMENT# L12000049853

3665 BONITA BEACH ROAD SUITE 1-3 BONITA SPRINGS, FL 34134 US

FEI Number: 32-0375343

Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, INC. 3665 BONITA BEACH ROAD SUITE 1-3 BONITA SPRINGS, FL 34134 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

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	STADLER, PIUS	Name	STADLER, ROSEMARIE
Address	ST. GALLERSTRASSE 54	Address	ST. GALLERSTRASSE 54
City-State-Zip:	JONA SG 8645	City-State-Zip:	JONA SG 8645

FILED Apr 09, 2019 Secretary of State 5062060358CC

Certificate of Status Desired: No

MANAGER

Date