

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000106517

**Entity Name:** PONCE CENTRE INVESTMENTS LLC

**Current Principal Place of Business:**

11301 OKEECHOBEE BLVD.  
SECOND FLOOR  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

14391 WITHER CLOSE  
WELLINGTON, FL 33414 US

**FEI Number:** 46-1202004

**Certificate of Status Desired:** No

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

GROELLE, CATHERINE T  
11301 OKEECHOBEE BLVD.  
SECOND FLOOR  
WEST PALM BEACH, FL 33411 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	GROELLE, CATHERINE T
Address	14391 WITHER CLOSE
City-State-Zip:	WELLINGTON FL 33414
Title	MGRM
Name	SALMON, DAVID J
Address	2093 CAROLINA AVENUE NE
City-State-Zip:	ST. PETERSBURG FL 33703

Title	MGRM
Name	GROELLE, ROBERT C
Address	14391 WITHER CLOSE
City-State-Zip:	WELLINGTON FL 33414
Title	MGRM
Name	SALMON, KIMBERLY A
Address	2093 CAROLINA AVENUE NE
City-State-Zip:	ST. PETERSBURG FL 33703

*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:** CATHERINE GROELLE

**MANAGER**

**01/28/2022**

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

\_\_\_\_\_  
Date