

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000085556

Entity Name: FPC CONSTRUCTION AND PROPERTY MANAGEMENT LLC**Current Principal Place of Business:**6600 NW 27TH AVENUE
MIAMI, FL 33147**Current Mailing Address:**P.O. BOX 420261
MIAMI, FL 33242 US**FEI Number:** 46-3015353**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FRAZIER, LARON
18840 NW 23RD AVE
MIAMI GARDENS, FL 33056 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:** LARON FRAZIER

04/30/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title SECRETARY
Name WILSON, HERMONA KATRINA
Address PO BOX 420261
City-State-Zip: MIAMI FL 33242

Title PRESIDENT
Name FRAZIER, LARON
Address 18840 NW 23RD AVE
City-State-Zip: MIAMI GARDENS FL 33056

Title MANAGER
Name FRAZIER, LANIYAH
Address 6600 NW 27TH AVENUE
City-State-Zip: MIAMI FL 33147

Title MANAGER
Name FRAZIER, LARON JR.
Address 6600 NW 27TH AVENUE
City-State-Zip: MIAMI FL 33147

Title MANAGER
Name FRAZIER, TIANNA
Address 6600 NW 27TH AVENUE
City-State-Zip: MIAMI FL 33147

Title AUTHORIZED MEMBER
Name MCKENZIE, MICHAEL
Address 6600 NW 27TH AVENUE
City-State-Zip: MIAMI FL 33147

Title VP, TREASURER
Name GRAHAM-FRAZIER, LASHONDA G
Address 6600 NW 27TH AVENUE
City-State-Zip: MIAMI FL 33147

Title MANAGER
Name JOHNSON, ARTRAVIA
Address 6600 NW 27TH AVENUE
City-State-Zip: MIAMI FL 33147

Continues on page 2

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: LASHONDA G GRAHAM-FRAZIER

VP, TREASURER

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name GRAHAM , JORDAN
Address 6600 NW 27TH AVENUE
City-State-Zip: MIAMI FL 33147

Title MANAGER
Name MAYNARD , ERICA
Address 6600 NW 27TH AVENUE
City-State-Zip: MIAMI FL 33147