

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000126836

Entity Name: FCI DEVELOPMENT ELEVEN, LLC

Current Principal Place of Business:

2199 PONCE DE LEON BLVD SUITE 201
CORAL GABLES, FL 33134

Current Mailing Address:

PO BOX 3435
WEST PALM BEACH, FL 33401

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 FCI RESIDENTIAL CORPORATION
Address 2199 PONCE DE LEON BLVD SUITE 201
City-State-Zip: CORAL GABLES FL 33134

Title SENIOR VICE PRESIDENT
Name BLOMQUIST, ERIK J.
Address 2199 PONCE DE LEON BLVD SUITE 201
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name PORRO, JUAN C.
Address PO BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, SECRETARY
Name TABERNILLA, ARMANDO A.
Address PO BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT
Name FANJUL, JOSE F. JR.
Address PO BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT OF TAXATION
Name ZUKOWSKI, PHILIP M.
Address PO BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, FINANCE & TREASURER
Name LONDONO, ALEJANDRO
Address PO BOX 3435
City-State-Zip: WEST PALM BEACH FL 33401

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: ARMANDO A. TABERNILLA

VICE PRESIDENT

06/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date