

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000158791

Entity Name: THE PLACE AT CORKSCREW, LLC**Current Principal Place of Business:**21101 DESIGN PARC LN
103
ESTERO, FL 33928**Current Mailing Address:**21101 DESIGN PARC LN
103
ESTERO, FL 33928 US**FEI Number:** 47-5089134**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMERATTA, DOMINIC
21101 DESIGN PARC LN
103
ESTERO, FL 33928 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:** DOMINIC CAMERATTA

03/04/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name CORKSCREW FARMS, LLC
Address 21101 DESIGN PARC LN
103
City-State-Zip: ESTERO FL 33928

Title AUTHORIZED REPRESENTATIVE
Name CAMERATTA, NICHOLAS
Address 21101 DESIGN PARC LN
103
City-State-Zip: ESTERO FL 33928

Title AUTHORIZED REPRESENTATIVE
Name BLACKSMITH, RAYMOND
Address 21101 DESIGN PARC LN
103
City-State-Zip: ESTERO FL 33928

Title MBR
Name EE CORKSCREW, LLC
Address 265 SEVILLA AVE
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED REPRESENTATIVE
Name CAMERATTA, JOSEPH
Address 21101 DESIGN PARC LN
103
City-State-Zip: ESTERO FL 33928

Title AUTHORIZED REPRESENTATIVE
Name RUSS, SCOTT
Address 21101 DESIGN PARC LN
103
City-State-Zip: ESTERO FL 33928

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: LYNN ROSS

LCAM

03/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date