2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000030921

Entity Name: FCI PALMETTO BAY, LLC

Current Principal Place of Business:

2199 PONCE DE LEON BLVD.

SUITE 401

CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 3435

WEST PALM BEACH, FL 33401 US

FEI Number: 81-1617625 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

FILED Apr 18, 2023

Secretary of State

1219076143CC

Authorized Person(s) Detail:

Title **PRESIDENT** Title SENIOR VICE PRESIDENT

BLOMQVIST, ERIK J. Name FANJUL, JOSE F. JR. Name

Address 1 NORTH CLEMATIS STREET Address 1 NORTH CLEMATIS STREET SUITE 200

SUITE 200

WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip:

VP, FINANCE & TREASURER VΡ Title Title

Name LONDONO, ALEJANDRO Name PORRO, JUAN C.

1 NORTH CLEMATIS STREET Address 1 NORTH CLEMATIS STREET Address

> SUITE 200 SUITE 200

WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 City-State-Zip: City-State-Zip:

Title VICE PRESIDENT & SECRETARY Title VP, TAXATION

TABERNILLA, ARMANDO A. ZUKOWSKI, PHILIP M. Name Name

Address 1 NORTH CLEMATIS STREET Address 1 NORTH CLEMATIS STREET

> SUITE 200 SUITE 200

City-State-Zip: WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 City-State-Zip:

Title MANAGER Title VICE PRESIDENT AND CHIEF

ACCOUNTING OFFICER FCI RESIDENTIAL CORPORATION Name Name HENDI, MEHDI

2199 PONCE DE LEON BLVD. Address

Address 1 NORTH CLEMATIS STREET SUITE 401 SUITE 200

CORAL GABLES FL 33134 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33401

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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.

04/18/2023 SIGNATURE: ARMANDO A. TABERNILLA VICE PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title ASSISTANT SECRETARY
Name SADLER, BENJAMIN

Address 1 NORTH CLEMATIS STREET

SUITE 200

City-State-Zip: WEST PALM BEACH FL 33401