**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 26, 2021**
**Secretary of State**
**0003757794CC**

DOCUMENT# L18000102330

**Entity Name:** FRONTIER VILLAGE DAVIE, LLC

**Current Principal Place of Business:**

2875 NE 191ST ST.
SUITE 600
AVENTURA, FL 33180

**Current Mailing Address:**

2875 NE 191ST ST.
SUITE 600
AVENTURA, FL 33180 US

**FEI Number: 83-2832839**

**Certificate of Status Desired:** No

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

SMOLER, BRUCE J
2611 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020 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 | Title | MGR |
| Name | COHEN, PASCAL | Name | GANANSIA, PATRICK |
| Address | 2875 NE 191ST ST.<br>SUITE 600 | Address | 2875 NE 191ST ST.<br>SUITE 600 |
| City-State-Zip: | AVENTURA FL 33180 | City-State-Zip: | AVENTURA FL 33180 |
| Title | MGR | Title | MGR |
| Name | PATRIER, MICHEL | Name | TOURET, SACHA |
| Address | 2875 NE 191ST ST.<br>SUITE 600 | Address | 2875 NE 191ST ST.<br>SUITE 600 |
| City-State-Zip: | AVENTURA FL 33180 | City-State-Zip: | AVENTURA FL 33180 |

*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: SACHA TOURET MGR 02/26/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date