

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000213903

**FILED  
Jan 16, 2019  
Secretary of State  
6027163264CC**

**Entity Name:** PROSPERUS HOMES LLC

**Current Principal Place of Business:**

6555 SANGER RD SUITE 111  
ORLANDO, FL 32827

**Current Mailing Address:**

6555 SANGER RD SUITE 111  
ORLANDO, FL 32827 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PONTE, TABITHA C  
3956 TOWN CENTER BLVD 609  
ORLANDO, FL 32837 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 PONTE, TABITHA C  
Address 3956 TOWN CENTER BLVD 609  
City-State-Zip: ORLANDO FL 32837

Title MGR  
Name PONTE HEALTH CONSTRUCTION, LLC  
Address 3956 TOWN CENTER BLVD 609  
City-State-Zip: ORLANDO FL 32837

Title AMBR  
Name PIERSON DACPANO, ZHEIDE  
Address 8827 SPERRY STREET  
City-State-Zip: ORLANDO FL 32827

*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:** TABITHA C PONTE

**MGR**

**01/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date