

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000193209

**Entity Name:** FCI DEVELOPMENT TWENTY, LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD.,  
SUITE 401  
CORAL GABLES, FL 33134

**FILED**  
**Apr 19, 2024**  
**Secretary of State**  
**6128027049CC**

**Current Mailing Address:**

P.O. BOX 3435  
WEST PALM BEACH, FL 33401 US

**FEI Number: NOT APPLICABLE**

**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  
                  401  
City-State-Zip: CORAL GABLES FL 33134

*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: FCI RESIDENTIAL CORPORATION**

**MGR, BY LAUREN  
DUEMIG, ATTORNEY-IN-  
FACT**

**04/19/2024**

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

\_\_\_\_\_  
Date