

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000150273

**Entity Name:** 1938 BERMUDA POINTE, LLC

**Current Principal Place of Business:**

7 HAINES BOULEVARD  
PORTCHESTER, NY 10573

**Current Mailing Address:**

7 HAINES BOULEVARD  
PORTCHESTER, NY 10573

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            AMBR  
Name            ROBERT VITA, TRUSTEE  
Address        7 HAINES BOULEVARD  
City-State-Zip: PORTCHESTER NY 10573

Title            AMBR  
Name            CAROL VITA, TRUSTEE  
Address        7 HAINES BOULEVARD  
City-State-Zip: PORTCHESTER NY 10573

*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:** ROBERT VITA

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

04/08/2025

\_\_\_\_\_  
Date