

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M05000003619

Entity Name: FLORIDA CITRUS HOLDINGS LLC

Current Principal Place of Business:

2550 GOODLETTE RD N
NAPLES, FL 34103

Current Mailing Address:

3665 EAST BAY DRIVE
SUITE 204, MB 435
LARGO, FL 33771 US

FEI Number: 20-0790204

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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 MGRM
Name RCP CITRUS LLC
Address 650 MADISON AVENUE
City-State-Zip: NEW YORK NY 10022

Title MGRM
Name RCMF CITRUS LLC
Address 650 MADISON AVENUE
City-State-Zip: NEW YORK NY 10022

Title MGRM
Name COLLIER INVESTMENTS LLC
Address 2550 GOODLETTE RD N
City-State-Zip: NAPLES FL 34103

Title PRESIDENT
Name ZUNDEL, ROBERT C. JR.
Address 999 VANDERBILT BEACH RD #703
City-State-Zip: NAPLES FL 34108

Title PRESIDENT
Name SIMMONS, DAVID J.
Address 2550 GOODLETTE RD N
City-State-Zip: NAPLES FL 34103

Title VP, SECRETARY
Name VEINTIMILLA, PABLO X.
Address 999 VANDERBILT BEACH RD #703
City-State-Zip: NAPLES FL 34108

Title VP, SECRETARY
Name WALKER, SANDRA D.
Address 2550 GOODLETTE RD N
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name NEVILLE, RENEE
Address 999 VANDERBILT BEACH RD #703
City-State-Zip: NAPLES FL 34108

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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.

SIGNATURE: SANDRA D. WALKER

VP, SECRETARY

09/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title TREASURER

Name GIBSON, KAREN S.

Address 2550 GOODLETTE RD N

City-State-Zip: NAPLES FL 34103