

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003277

**Entity Name:** WCI COMMUNITIES, LLC

**Current Principal Place of Business:**

700 NW 107 AVENUE  
SUITE 400  
MIAMI, FL 33172

**FILED**  
**Mar 15, 2023**  
**Secretary of State**  
**9854891547CC**

**Current Mailing Address:**

700 NW 107 AVENUE  
SUITE 400  
MIAMI, FL 33172 US

**FEI Number:** 27-0601855

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HWY 1  
N 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 VP  
Name ELLIS, LANCE  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title VP  
Name MCMURRAY, DARIN L  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title VP  
Name ROTHMAN, FRED  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title VP  
Name GABOR, STEPHEN  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title SOLE MEMBER, MANAGER  
Name WCI COMMUNITIES, INC.  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title VP  
Name SMITH, RUSSELL  
Address 10481 SIX MILE CYPRESS PARKWAY  
City-State-Zip: FORT MYERS FL 33966

Title AUTHORIZED AGENT  
Name ALEXANDER, JEFFREY  
Address 8895 N. MILITARY TRAIL  
SUITE 101-B  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title AUTHORIZED AGENT – PERMIT  
APPLICATIONS  
Name MONTAGNINO, JOSEPH  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

*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:** MICHELLE BARR

**MEMBER**

**03/15/2023**

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

\_\_\_\_\_  
Date