

**2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M09000003277

**Entity Name:** WCI COMMUNITIES, LLC

**Current Principal Place of Business:**

5505 WATERFORD DISTRICT DRIVE  
MIAMI, FL 33126

**Current Mailing Address:**

5505 WATERFORD DISTRICT DRIVE  
MIAMI, FL 33126 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 5505 WATERFORD DISTRICT DRIVE  
City-State-Zip: MIAMI FL 33126

Title VP  
Name MCMURRAY, DARIN L  
Address 5505 WATERFORD DISTRICT DRIVE  
City-State-Zip: MIAMI FL 33126

Title VP  
Name ROTHMAN, FRED  
Address 5505 WATERFORD DISTRICT DRIVE  
City-State-Zip: MIAMI FL 33126

Title VP  
Name GABOR, STEPHEN  
Address 5505 WATERFORD DISTRICT DRIVE  
City-State-Zip: MIAMI FL 33126

Title SOLE MEMBER, MANAGER  
Name WCI COMMUNITIES, INC.  
Address 5505 WATERFORD DISTRICT DRIVE  
City-State-Zip: MIAMI FL 33126

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 5505 WATERFORD DISTRICT DRIVE  
City-State-Zip: MIAMI FL 33126

Title AUTHORIZED AGENT – PERMIT APPLICATIONS  
Name MONTAGNINO, JOSEPH  
Address 5505 WATERFORD DISTRICT DRIVE  
City-State-Zip: MIAMI FL 33126

**Continues on page 2**

*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:** MARK SUSTANA

**SECRETARY**

**07/09/2024**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name BATTEN, BRIAN  
Address 4301 W BOY SCOUT BLVD.  
SUITE 600  
City-State-Zip: TAMPA FL 33607