

2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M09000003277

Entity Name: WCI COMMUNITIES, LLC

Current Principal Place of Business:

700 NW 107 AVENUE
SUITE 400
MIAMI, FL 33172

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 RAPAPORT, JON
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 MCCHESENEY, VALERIE
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

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

AUTHORIZED PERSON

11/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date