

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043084

**Entity Name:** CENTRAL SUMTER UTILITY COMPANY, LLC

**Current Principal Place of Business:**

3619 KIESSEL ROAD  
THE VILLAGES, FL 32163

**Current Mailing Address:**

3619 KIESSEL ROAD  
THE VILLAGES, FL 32163 US

**FEI Number: 20-0374714**

**Certificate of Status Desired: No**

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

HUDSON, BRIAN D ESQ  
3619 KIESSEL ROAD  
THE VILLAGES, FL 32163 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           MANAGER  
Name           THE VILLAGES OPERATING  
                  COMPANY  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title           PRESIDENT  
Name           MORSE, MARK G.  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title           VP  
Name           DZURO, MARTIN L.  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title           VP, SECRETARY  
Name           MANLY, KELSEA MORSE  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title           TREASURER  
Name           STOFF, KENNETH D.  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title           VP  
Name           CHANDLER, ROBERT L. IV  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title           VP  
Name           BOONE, HARPER D.  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title           VP  
Name           MCCABE, RYAN  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

*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: KELSEA MORSE MANLY**

**VICE PRESIDENT**

**04/20/2021**

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

\_\_\_\_\_  
Date