

2020 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

03/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date