

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017444

Entity Name: THOMPSON ROAD, LLC

Current Principal Place of Business:

2420 S. LAKEMONT AVENUE
SUITE 450
ORLANDO, FL 32814

Current Mailing Address:

2420 S. LAKEMONT AVENUE
SUITE 450
ORLANDO, FL 32814 US

FEI Number: 20-2770538

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OROSZ, WILLIAM SJR
2420 S. LAKEMONT AVENUE
SUITE 450
ORLANDO, FL 32814 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 MGRM
Name CAMBRIDGE DEVELOPMENT, INC.
Address 2420 S. LAKEMONT AVENUE
SUITE 450
City-State-Zip: ORLANDO FL 32814

Title PRESIDENT
Name OROSZ, WILLIAM S JR
Address 2420 S. LAKEMONT AVENUE
SUITE 450
City-State-Zip: ORLANDO FL 32814

Title VP
Name OROSZ, STEPHEN W
Address 2420 S. LAKEMONT AVENUE
SUITE 450
City-State-Zip: ORLANDO FL 32814

Title VP
Name OROSZ, JOHN M
Address 2420 S. LAKEMONT AVENUE
SUITE 450
City-State-Zip: ORLANDO FL 32814

Title VP
Name FRANKS, WILLIAM C
Address 2420 S. LAKEMONT AVENUE
SUITE 450
City-State-Zip: ORLANDO FL 32814

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: MARIA JILES

CONTROLLER

03/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date