

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000031950

**Entity Name:** CEDAR RIDGE POINTE, LLC

**Current Principal Place of Business:**

2235 S. WOODLAND BLVD  
SUITE 105  
DELAND, FL 32720

**Current Mailing Address:**

2235 S. WOODLAND BLVD  
SUITE 105  
DELAND, FL 32720

**FEI Number:** 20-5038091

**Certificate of Status Desired:** No

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

MASTERS, KAREN  
2235 S. WOODLAND BLVD.  
SUITE 105  
DELAND, FL 32720 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 MASTERS, KAREN  
Address 2235 S. WOODLAND BLVD. SUITE 105  
City-State-Zip: DELAND FL 32720

Title MGRM  
Name HOWE, PATRICIA  
Address 2235 S. WOODLAND BLVD. SUITE 105  
City-State-Zip: DELAND FL 32720

Title MGRM  
Name TRUBA, KATHLEEN  
Address 2235 S. WOODLAND BLVD. SUITE 105  
City-State-Zip: DELAND FL 32720

*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:** KAREN MASTERS

MGRM

02/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date