

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044345

Entity Name: CDC TOWN CENTRE, LLC**Current Principal Place of Business:**C/O CIMINELLI REAL ESTATE CORPORATION
350 ESSJAY ROAD, SUITE 101
WILLIAMSVILLE, NY 14221**Current Mailing Address:**C/O CIMINELLI REAL ESTATE CORPORATION
350 ESSJAY ROAD, SUITE 101
WILLIAMSVILLE, NY 14221 US**FEI Number:** 65-1278676**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAILIN, LAWRENCE J
401 EAST JACKSON STREET, SUITE 2200
TAMPA, FL 33602 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 MGR
Name SWEARINGEN, JAMES H
Address C/O CIMINELLI REAL ESTATE
SERVICES OF FL
14499 N. DALE MABRY HWY SUITE
200
City-State-Zip: TAMPA FL 33618

Title MGR
Name MCGEACHY, THOMAS
Address C/O CIMINELLI REAL ESTATE
SERVICES OF FL
14499 N. DALE MABRY HWY SUITE
200
City-State-Zip: TAMPA FL 33618

Title MGR
Name STARK, WILLIAM B JR
Address 350 ESSJAY ROAD, SUITE 101
City-State-Zip: WILLIAMSVILLE NY 14221

Title MGR
Name CIMINELLI, JOHN A
Address 350 ESSJAY ROAD, SUITE 101
City-State-Zip: WILLIAMSVILLE NY 14221

Title MGR
Name GOTTSTINE, JAMES
Address 350 ESSJAY ROAD, SUITE 101
City-State-Zip: WILLIAMSVILLE NY 14221

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: JAMES SWEARINGEN

MGR

04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date