#### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000134733

Entity Name: TAVISTOCK DEVELOPMENT COMPANY, LLC

Apr 02, 2018 Secretary of State CC4297789338

**FILED** 

### **Current Principal Place of Business:**

6900 TAVISTOCK LAKES BLVD.

SUITE 200

ORLANDO, FL 32827

### **Current Mailing Address:**

6900 TAVISTOCK LAKES BLVD.

SUITE 200

ORLANDO, FL 32827 US

FEI Number: 32-0396833 Certificate of Status Desired: No

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

NATIONAL REGISTERED AGENTS, INC. 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: PETER F. SOUZA, ASSISTANT SECRETARY

04/02/2018 Date

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title PRESIDENT Title VP

Name ZBORIL, JAMES L. Name ADAMS, ROBERT B.

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP Title VP

Name PEEK, SCOTT I. JR. Name THAKKAR, RASESH

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP, SECRETARY Title VP

Name RENCORET, MICHELLE R. Name IRELAND, RALPH H.

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP Title VP

Name DISCIPIO, KENNETH R. Name BYRNES, DANIEL R.

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

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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 L. ZBORIL PRESIDENT 04/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

## Authorized Person(s) Detail Continued:

Title VP Title VP

Name ODENBACH, ANDREW P. Name CAULFIELD, GLORIA

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP Title VP

Name DEMARS, DEBORAH J. Name COLLIN, THOMAS CRAIG

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP Title T

Name SANTOS, JUAN F Name BEUCHER, NICHOLAS F III

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

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