

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000047669

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC0873788076**

**Entity Name:** SEBAGO PROPERTIES, LLC

**Current Principal Place of Business:**

C/O COMPASS LEXECON - PERSONAL & CONFIDENTIAL  
777 S FLAGLER DR. STE 1500W  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

C/O COMPASS LEXECON - PERSONAL & CONFIDENTIAL  
777 S FLAGLER DR. STE 1500W  
WEST PALM BEACH, FL 33401 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ORSZAG, JONATHAN  
C/O COMPASS LEXECON - PERSONAL & CONFIDENTIAL  
777 S FLAGLER DR. STE 1500W  
WEST PALM BEACH, FL 33401 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 JONATHAN ORSZAG REVOCABLE TRUST  
Address C/O COMPASS LEXECON - PERSONAL & CONFIDENTIAL  
777 S FLAGLER DR. STE 1500W  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** JOY FLEDELIUS F/B/O JONATHAN ORSZAG

**AUTHORIZED PERSON**

**04/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date