

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000157819

Entity Name: DURHAM PLACE DEVELOPER, LLC

Current Principal Place of Business:

1105 KENSINGTON PARK DRIVE
SUITE 200
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1105 KENSINGTON PARK DRIVE
SUITE 200
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 47-2072983

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHODEN, REBECCA
215 N EOLA DRIVE
ORLANDO, FL 32801 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: REBECCA RHODEN

02/25/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR AND MBR
Name WOLF, JONATHAN
Address 1105 KENSINGTON PARK DRIVE
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR
Name BAMBERGER, GLEN F
Address 1105 KENSINGTON PARK DRIVE
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR
Name VON WELLER, RYAN S
Address 1105 KENSINGTON PARK DRIVE
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR
Name WOLF, SARA E
Address 1105 KENSINGTON PARK DRIVE
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR
Name WOLF, HARRISON F
Address 1105 KENSINGTON PARK DRIVE
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR
Name JONATHAN AND NANCY WOLF
FAMILY TRUST I DATED 08/6/18
Address 1105 KENSINGTON PARK DRIVE
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: JONATHAN WOLF

MEMBER

02/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date