

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000137659

Entity Name: TAURUS APOPKA CITY CENTER, LLC**Current Principal Place of Business:**610 NORTH WYMORE ROAD
SUITE 200
MAITLAND, FL 32751**Current Mailing Address:**610 NORTH WYMORE ROAD
SUITE 200
MAITLAND, FL 32751 US**FEI Number:** 81-4238210**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KASSOF, LINDA K
610 NORTH WYMORE ROAD
SUITE 200
MAITLAND, FL 32751 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:** LINDA KASSOF

01/22/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MCFADDEN, JEFFREY K
Address 610 NORTH WYMORE ROAD, SUITE 200
City-State-Zip: MAITLAND FL 32751

Title MGR
Name MERRIGAN, PETER
Address 610 N WYMORE RD, STE 200
City-State-Zip: MAITLAND FL 32751

Title MGR
Name RIJNBOUT, ERIK
Address 610 N WYMORE RD, STE 200
City-State-Zip: MAITLAND FL 32751

Title MGR
Name GOVAN, CRAIG
Address 610 N WYMORE RD, STE 200
City-State-Zip: MAITLAND FL 32751

Title MGR
Name KASSOF, LINDA G
Address 610 N WYMORE RD, STE 200
City-State-Zip: MAITLAND FL 32751

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: LINDA KASSOF

MGR

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date