

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 19, 2019
Secretary of State
1630663098CC

Entity Name: STAFFORD POINT 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: 81-4431889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAY, N. DEWAYNE JR. ESQ
315 E. ROBINSON STREET, SUITE 600
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR AND MBR
Name WOLF, JONATHAN L
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 SHARKEY, JEFFREY B
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

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

03/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date