

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000160902

**Entity Name:** STERLING TERRACE DEVELOPER, LLC

**Current Principal Place of Business:**

1105 KENSINGTON PARK DR SUITE 200  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

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

**FEI Number:** 81-4278933

**Certificate of Status Desired:** No

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

GRAY, DWAYNE  
315 EAST 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	Title	MBR
Name	WOLF, JONATHAN L	Name	BAMBERGER, GLEN F
Address	1105 KENSINGTON PARK DR SUITE 200	Address	1105 KENSINGTON PARK DR SUITE 200
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	MBR	Title	MBR
Name	VON WELLER, RYAN S	Name	DYAL, JAMES E
Address	1105 KENSINGTON PARK DR SUITE 200	Address	1105 KENSINGTON PARK DR SUITE 200
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	MBR	Title	MBR
Name	JONATHAN AND NANCY WOLF FAMILY TRUST I DATED 8/6/18	Name	WOLF, SARA E
Address	1105 KENSINGTON PARK DR SUITE 200	Address	1105 KENSINGTON PARK DR SUITE 200
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	MBR		
Name	WOLF, HARRISON F		
Address	1105 KENSINGTON PARK DR 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 L. WOLF

**MEMBER**

**06/03/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date