## **2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000175538

Entity Name: THE VILLAGES LAND COMPANY, LLC

**Current Principal Place of Business:** 

3619 KIESSEL ROAD THE VILLAGES. FL 32163

**Current Mailing Address:** 

3619 KIESSEL ROAD

THE VILLAGES. FL 32163 US

FEI Number: 81-4355652 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HUDSON, BRIAN D. 3619 KIESSEL ROAD THE VILLAGES, FL 32163 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

FILED Apr 29, 2024

**Secretary of State** 

1143294635CC

Authorized Person(s) Detail :

Title MGR Title VF

NameVDC MANAGER, LLCNameWEST, MICHAEL E.Address3619 KIESSEL ROADAddress3619 KIESSEL ROADCity-State-Zip:THE VILLAGES FL 32163City-State-Zip:THE VILLAGES FL 32163

Title VP Title VP

NameMCDOWELL, DODDNameCICHIELO, JAMES A.Address3619 KIESSEL ROADAddress3619 KIESSEL ROADCity-State-Zip:THE VILLAGES FL 32163City-State-Zip: THE VILLAGES FL 32163

Title VP Title VP

NameCARTER, STEVE D.NameLAMMER, GREGAddress3619 KIESSEL ROADAddress3619 KIESSEL ROADCity-State-Zip:THE VILLAGES FL 32163City-State-Zip:THE VILLAGES FL 32162

Title VP, SECRETARY Title VP

NameCHANDLER, ROBERT L. IVNameCICHIELO, JAMES STEVENAddress3619 KIESSEL ROADAddress3619 KIESSEL ROADCity-State-Zip:THE VILLAGES FL 32163City-State-Zip:THE VILLAGES FL 32163

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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: ROBERT L. CHANDLER IV

MGR-VDC MANAGER/MANAGER 04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title VP

Name MUDER, SCOTT

Address 3619 KIESSEL ROAD

City-State-Zip: THE VILLAGES FL 32163