

**2022 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

**Authorized Person(s) Detail :**

Title MGR  
Name TVL COMPANY, LLC  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title VP  
Name WEST, MICHAEL E.  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title VP  
Name MCDOWELL, DODD  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title VP  
Name HESS, RONALD G.  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title VP  
Name CICHIELO, JAMES A.  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title VP  
Name CARTER, STEVE D.  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title VP  
Name LAMMER, GREG  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32162

Title VP  
Name CHANDLER, ROBERT L. IV  
Address 3619 KIESSEL ROAD  
City-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:** KELSEA MORSE MANLYMGR-TVL  
COMPANY/MANAGER

02/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title	SECRETARY
Name	MANLY, KELSEA MORSE
Address	3619 KIESSEL ROAD
City-State-Zip:	THE VILLAGES FL 32163