

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000072535

**Entity Name:** GEORGIANA COMMUNITY DEVELOPERS LLC

**Current Principal Place of Business:**

1717 MCKINNEY, SUITE 1000  
DALLAS, TX 75202

**Current Mailing Address:**

1717 MCKINNEY, SUITE 1000  
DALLAS, TX 75202 US

**FEI Number:** 61-1931503

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**FILED**  
**Apr 03, 2023**  
**Secretary of State**  
**7197794989CC**

*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: MANAGER  
Name: MERCEDES PREMIER HOMES, LLC  
Address: 1717 MCKINNEY, SUITE 1000  
City-State-Zip: DALLAS TX 75202

Title: AUTHORIZED REPRESENTATIVE  
Name: WOCHNER, JEFF  
Address: 2420 S. LAKEMONT AVENUE SUITE 450  
City-State-Zip: ORLANDO FL 32814

Title: AUTHORIZED REPRESENTATIVE  
Name: BOYETTE, STEVEN  
Address: 2420 S. LAKEMONT AVENUE SUITE 450  
City-State-Zip: ORLANDO FL 32814

Title: AUTHORIZED REPRESENTATIVE  
Name: DURKIN, TIMOTHY  
Address: 2420 S. LAKEMONT AVENUE SUITE 450  
City-State-Zip: ORLANDO FL 32814

Title: AUTHORIZED REPRESENTATIVE  
Name: FORGE, WILLIAM  
Address: 2420 S. LAKEMONT AVENUE SUITE 450  
City-State-Zip: ORLANDO FL 32814

Title: AUTHORIZED REPRESENTATIVE  
Name: MITCHELL, NICHOLA  
Address: 2420 S. LAKEMONT AVENUE SUITE 450  
City-State-Zip: ORLANDO FL 32814

Title: AUTHORIZED REPRESENTATIVE  
Name: NYARIRI, FONTANE  
Address: 2420 S. LAKEMONT AVENUE SUITE 450  
City-State-Zip: ORLANDO FL 32814

Title: AUTHORIZED REPRESENTATIVE  
Name: BRUNO, MICHAEL  
Address: 2420 S. LAKEMONT AVENUE SUITE 450  
City-State-Zip: ORLANDO FL 32814

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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:** FRANCO TENERELLI

**AUTHORIZED REPRESENTATIVE**

**04/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

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

Title AUTHORIZED REPRESENTATIVE  
Name BAKEL, MEGAN  
Address 2420 S. LAKEMONT AVENUE SUITE 450  
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE  
Name MCFARLAND, DANIEL  
Address 2420 S. LAKEMONT AVENUE SUITE  
450  
City-State-Zip: ORLANDO FL 32814