

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000153784

**Entity Name:** CARDEL FL HOMES, LLC

**Current Principal Place of Business:**

9110 E. NICHOLAS AVE., STE. 120  
CENTENNIAL, CO 80112

**Current Mailing Address:**

9110 E. NICHOLAS AVE., STE. 120  
CENTENNIAL, CO 80112

**FEI Number: 84-2276124**

**Certificate of Status Desired: No**

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

SUTTON, KEVIN H  
101 E. KENNEDY BLVD., STE. 3700  
TAMPA, FL 33602 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            PRESIDENT, CEO  
Name            OCKEY, RYAN  
Address        9110 E. NICHOLAS AVE., STE. 120  
City-State-Zip: CENTENNIAL CO 80112

Title            SECRETARY  
Name            OCKEY, DAMON  
Address        9110 E. NICHOLAS AVE., STE. 120  
City-State-Zip: CENTENNIAL CO 80112

Title            COO  
Name            GRAHAM, GREG  
Address        9110 E. NICHOLAS AVE., STE. 120  
City-State-Zip: CENTENNIAL CO 80112

Title            CFO  
Name            OBRIGEWITSCH, KERRY  
Address        9110 E. NICHOLAS AVE., STE. 120  
City-State-Zip: CENTENNIAL CO 80112

Title            OTHER  
Name            HOLLMAN, KENT  
Address        9110 E. NICHOLAS AVE., STE. 120  
City-State-Zip: CENTENNIAL CO 80112

*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: KERRY OBRIGEWITSCH**

**CHIEF FINANCIAL  
OFFICER**

**06/30/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date