

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000192776

**Entity Name:** CHEYENNE ASSOCIATES, LLC**Current Principal Place of Business:**13521 PONCE DE LEON BLVD  
BROOKSVILLE, FL 34601**Current Mailing Address:**13521 PONCE DE LEON BLVD  
BROOKSVILLE, FL 34601 US**FEI Number:** 84-2663349**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STANTON, WILLIAM M  
201 N FRANKLIN ST STE 2000  
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 MMGR  
Name TURTLE SOUTHEAST HOLDINGS, LLC  
Address 3401 W. CYPRESS STREET  
SUITE 204  
City-State-Zip: TAMPA FL 33607

Title VP  
Name ANDO, DAVID  
Address 13521 PONCE DE LEON BLVD  
City-State-Zip: BROOKSVILLE FL 34601

Title T  
Name THOMLEY, CHRIS  
Address 13521 PONCE DE LEON BLVD  
City-State-Zip: BROOKSVILLE FL 34601

Title P  
Name CECIL, GREG  
Address 13521 PONCE DE LEON BLVD  
City-State-Zip: BROOKSVILLE FL 34601

Title S  
Name LONG, SCOTT  
Address 13521 PONCE DE LEON BLVD  
City-State-Zip: BROOKSVILLE FL 34601

*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:** ERIC J HENSON**ACCOUNTING MANAGER** 06/17/2020\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date