## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000120344

Entity Name: VILLAGES OF MARION COUNTY PROMOTE, LLC

**FILED** Mar 27, 2023 **Secretary of State** 5418666717CC

## **Current Principal Place of Business:**

629 EUCLID AVENUE **SUITE 1300** CLEVELAND, OH 44114

## **Current Mailing Address:**

**629 EUCLID AVENUE SUITE 1300** CLEVELAND, OH 44114 UN

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COGENCY GLOBAL, INC. 115 N. CALHOUN STREET STE. 4 TALLAHASSEE, FL 32301 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:

Name

Address

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MGR Title **PRESIDENT** Name STARK MANAGER, LLC Name STARK, EZRA F

629 EUCLID AVENUE, SUITE 1300 **629 EUCLID AVENUE** Address Address

**SUITE 1300** City-State-Zip: CLEVELAND OH 44114

City-State-Zip: CLEVELAND OH 44114

Title **TRES** Title VΡ WHIMS, MARTIN A II

Name MIDLIK, BRIAN **629 EUCLID AVENUE** Address

Address **629 EUCLID AVENUE SUITE 1300** 

**SUITE 1300** 

City-State-Zip: CLEVELAND OH 44114 City-State-Zip: CLEVELAND OH 44114

Title **SECRETARY** 

Name RYZNER, SARAH K

City-State-Zip: CLEVELAND OH 44114

**SUITE 1300** 

**629 EUCLID AVENUE** 

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.