#### Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000096514

Entity Name: STNL ORCHARD PARK LANE, LLC

Current Principal Place of Business:

8150 CORPORATE PARK DRIVE SUITE 110 CINCINNATI, OH 45242

# **Current Mailing Address:**

8150 CORPORATE PARK DRIVE SUITE 110 CINCINNATI, OH 45242 US

# FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

### Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	STNL DEVELOPMENT, LLC	Name	KELLEY, BRYAN L
Address	8150 CORPORATE PARK DRIVE, STE. 110	Address	8150 CORPORATE PARK DRIVE, STE. 110
City-State-Zip:	CINCINNATI OH 45242	City-State-Zip:	CINCINNATI OH 45242
Title	AR	Title	AR
Name	NEYER, DAVID F	Name	CANARIE, CHRISTOPHER J
Address	8150 CORPORATE PARK DRIVE, STE. 110	Address	8150 CORPORATE PARK DRIVE, STE. 110
City-State-Zip:	CINCINNATI OH 45242	City-State-Zip:	CINCINNATI OH 45242
Title	AP		
Name	SCHWETZ, ELISSA		
Address	8150 CORPORATE PARK DRIVE, STE. 110		
City-State-Zip:	CINCINNATI OH 45242		

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: ANNE PIELAGE

AUTHORIZED REPRESENTATIVE 04/02/2024

Date

## FILED Apr 02, 2024 Secretary of State 4271871835CC

Certificate of Status Desired: No

Date