

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004091

Entity Name: DIVOSTA HOMES HOLDINGS, LLC

Current Principal Place of Business:

3350 PEACHTREE ROAD NORTHEAST
SUITE 150
ATLANTA, GA 30326

Current Mailing Address:

3350 PEACHTREE ROAD NORTHEAST
SUITE 150
ATLANTA, GA 30326 US

FEI Number: 38-3691939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: CORPORATION SERVICE COMPANY

05/31/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR, SECRETARY	Title	MGR
Name	COOK, STEVEN M	Name	DUGAS, JR., RICHARD J
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150	Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326	City-State-Zip:	ATLANTA GA 30326
Title	VP AND ASST SECRETARY	Title	PRESIDENT
Name	CLEMENTS, SCOTT	Name	MARSHALL, RYAN
Address	4901 VINELAND ROAD	Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ATLANTA GA 30326
Title	VP	Title	AS
Name	YONALEY, BRIAN	Name	CONLON, KELLYMARIE M
Address	24311 WALDEN CTR DR STE 300	Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	BONITA SPRINGS FL 34134	City-State-Zip:	ATLANTA GA 30326
Title	VP, TREASURER	Title	VP
Name	ROBINSON, BRUCE E	Name	HILL, KIMBERLY
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150	Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326	City-State-Zip:	ATLANTA GA 30326

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: KELLYMARIE M CONLON

ASSISTANT SECRETARY 05/31/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date