

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001108

**Entity Name:** RP-ORLANDO, LLC**Current Principal Place of Business:**550 SOUTH TRYON STREET  
DEC/45A  
CHARLOTTE, NC 28202**Current Mailing Address:**550 SOUTH TRYON STREET  
DEC/45A  
CHARLOTTE, NC 28202 US**FEI Number:** 27-4288389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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

Date

**Authorized Person(s) Detail :**

Title SOLE MEMBER  
Name CLEAR SKIES SOLAR, LLC  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title ASST. SECRETARY  
Name BEACH, RICHARD G  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title PRES  
Name CALDWELL, ROBERT F.  
Address 550 SOUTH CALDWELL STREET  
City-State-Zip: CHARLOTTE NC 28202

Title VP  
Name MCNAY, THOMAS C  
Address 139 EAST FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title CFO AND CONTROLLER  
Name CURRENS, WILLIAM E. JR.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title TREASURER AND SVP, TAX  
Name DE MAY, STEPHEN G  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title ASST. SECRETARY  
Name WRIGHT, NANCY M.  
Address 550 SOUTH TRYON STREET DEC45A  
City-State-Zip: CHARLOTTE NC 28202

Title ASSISTANT TREASURER  
Name SULLIVAN, JOHN L. III  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

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*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:** NANCY M. WRIGHT**ASSISTANT SECRETARY** 01/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT TREASURER  
Name DUFFY, KRIS C.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title SECRETARY  
Name MALTZ, DAVID S.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title VP  
Name STALLMAN, BRIAN K.  
Address 139 EAST FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title VP  
Name BRIDGES, JANET M.  
Address 550 SOUTH CALDWELL STREET  
City-State-Zip: CHARLOTTE NC 28202

Title VP, TAX  
Name MONROE, THOMAS COOPER III  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title ASSISTANT SECRETARY  
Name DWIGHT, GEORGE II  
Address 139 EAST FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title ASSISTANT SECRETARY  
Name RINGEL, ROBERT J.  
Address 139 EAST FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title VP  
Name WEHNER, JEFFREY W.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title VP  
Name PEACOCK, BRUCE M.  
Address 550 SOUTH CALDWELL STREET  
City-State-Zip: CHARLOTTE NC 28202