## 2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000001108

Entity Name: RP-ORLANDO, LLC

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

550 S CALDWELL ST STE 600 CHARLOTTE, NC 28202

## **Current Mailing Address:**

4720 PIEDMONT ROW DRIVE PNG04C CHARLOTTE, NC 28210 US

## FEI Number: 27-4288389

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Secretary of State 7537919489CC

Date

FILED Mar 03, 2023

Certificate of Status Desired: No

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	SOLE MEMBER	Title	PRES		
	Name	CLEAR SKIES SOLAR, LLC	Name	FALLON, CHRISTOPHER M.		
	Address	550 S CALDWELL ST STE 600	Address	550 S CALDWELL ST STE 900		
	City-State-Zip:	CHARLOTTE NC 28202	City-State-Zip:	CHARLOTTE NC 28202		
	Title	CFO AND CONTROLLER	Title	TREASURER		
			Name	NEWLIN, KARL W.		
	Name	LEE, CYNTHIA S.				
	Address	526 S CHURCH ST	Address	526 S CHURCH ST		
	City-State-Zip:	CHARLOTTE NC 28202	City-State-Zip:	CHARLOTTE NC 28202		
	Title	ASSISTANT TREASURER	Title	ASSISTANT TREASURER		
	Name	BAUER, CHRISTOPHER R.	Name	HENDERSHOTT, MICHAEL S		
	Address	526 S CHURCH ST	Address	526 S CHURCH ST		
	City-State-Zip:	CHARLOTTE NC 28202	City-State-Zip:	CHARLOTTE NC 28202		
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	Title	ASSISTANT SECRETARY	Title	SECRETARY		
	Name	DWIGHT, GEORGE II	Name	MALTZ, DAVID S.		
	Address	139 E FOURTH ST	Address	4720 PIEDMONT ROW DRIVE PNG04C		
	City-State-Zip:	CINCINNATI OH 45202	City-State-Zip:	CHARLOTTE NC 28210		

### Continues on page 2

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: CASSANDRA M. SPRINGER

ASSISTANT SECRETARY 03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

# Authorized Person(s) Detail Continued :

Title	ASSISTANT SECRETARY	Title	VP
Name	RINGEL, ROBERT J.	Name	STALLMAN, BRIAN K.
Address	139 E FOURTH ST	Address	139 E FOURTH ST
City-State-Zip:	CINCINNATI OH 45202	City-State-Zip:	CINCINNATI OH 45202
Title	VP	Title	VP
Name	KAPOPOULOS, ERNEST J. JR.	Name	BRIDGES, JANET M.
Address	550 S CALDWELL ST STE 600	Address	550 S CALDWELL ST STE 900
City-State-Zip:	CHARLOTTE NC 28202	City-State-Zip:	CHARLOTTE NC 28202
Title Name	VP, TAX MONROE, T. COOPER III	Title Name	VP JOHNSON, MATTHEW P.
Address	526 S CHURCH ST	Address	550 S CALDWELL ST STE 600
City-State-Zip:	CHARLOTTE NC 28202	City-State-Zip:	CHARLOTTE NC 28202
Title Name Address City-State-Zip:	ASSISTANT SECRETARY JORDAN, KENNA C. 526 S CHURCH ST EC03E	Title Name Address	ASSISTANT SECRETARY SPRINGER, CASSANDRA M. 4720 PIEDMONT ROW DRIVE PNG04C