## 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000005706

Entity Name: THOMAS RANCH MANAGER, LLC

**Current Principal Place of Business:** 

4901 VINELAND ROAD

SUITE 450

ORLANDO, FL 32811

**Current Mailing Address:** 

4901 VINELAND ROAD

SUITE 450

ORLANDO, FL 32811 US

FEI Number: NOT APPLICABLE 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:

Electronic Signature of Registered Agent

Date

MANAGER, PRESIDENT

LEIFERMAN, JAMES

FILED Apr 11, 2017

**Secretary of State** 

CC0696046891

Authorized Person(s) Detail:

Title MANAGER Title

Name JOHNSTON, BRIAN Name

Address 4901 VINELAND ROAD Address 4901 VINELAND ROAD

SUITE 450 SUITE 450

City-State-Zip: ORLANDO FL 32811 City-State-Zip: ORLANDO FL 32811

Title MGR Title SECRETARY

Name SUDDERGARD, JASON Name HARRIS , ROBERT A IV

Address 4901 VINELAND ROAD Address 4901 VINELAND ROAD

SUITE 450 SUITE 450

City-State-Zip: ORLANDO FL 32811 City-State-Zip: ORLANDO FL 32811

Title VP Title VP

Name BLACK, MARTIN Name CANDES, LESLIE

Address 4901 VINELAND ROAD Address 4901 VINELAND ROAD

SUITE 450 SUITE 450

City-State-Zip: ORLANDO FL 32811 City-State-Zip: ORLANDO FL 32811

Title VP

Name KOON, DAVID

Address 4901 VINELAND ROAD

SUITE 450

City-State-Zip: ORLANDO FL 32811

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: ROBERT A. HARRIS IV SECRETARY 04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date