

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000007129

Entity Name: CEDAR BAY COGENERATION, LLC**Current Principal Place of Business:**700 UNIVERSE BLVD.
JUNO BEACH, FL 33408**Current Mailing Address:**700 UNIVERSE BLVD.
ATTN: CORPORATE GOVERNANCE
JUNO BEACH, FL 33408 US**FEI Number:** 94-3391631**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEON, J.E.
4200 W. FLAGLER ST
SUITE 2123
MIAMI, FL 33134 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	P
Name	ARECHABALA, MIGUEL
Address	700 UNIVERSE BLVD.
City-State-Zip:	JUNO BEACH FL 33408

Title	VP
Name	ACARI, CRAIG W
Address	700 UNIVERSE BLVD.
City-State-Zip:	JUNO BEACH FL 33408

Title	VP
Name	RICE, TROY W
Address	700 UNIVERSE BLVD.
City-State-Zip:	JUNO BEACH FL 33408

Title	VP
Name	FORREST, SAM A
Address	700 UNIVERSE BLVD.
City-State-Zip:	JUNO BEACH FL 33408

Title	TREASURER
Name	CUTLER, PAUL I
Address	700 UNIVERSE BLVD.
City-State-Zip:	JUNO BEACH FL 33408

Title	SECRETARY
Name	SEELEY, W SCOTT
Address	700 UNIVERSE BLVD.
City-State-Zip:	JUNO BEACH FL 33408

Title	ASSISTANT TREASURER
Name	PORTALES, ALDO
Address	700 UNIVERSE BLVD.
City-State-Zip:	JUNO BEACH FL 33408

Title	ASSISTANT TREASURER
Name	BALZANO, JOSEPH
Address	700 UNIVERSE BLVD.
City-State-Zip:	JUNO BEACH FL 33408

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: MELISSA A. PLOTSKY**ASSISTANT SECRETARY** 04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	ASSISTANT SECRETARY
Name	PLOTSKY, MELISSA A
Address	700 UNIVERSE BLVD.
City-State-Zip:	JUNO BEACH FL 33408