

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500007129

**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:**

LEE, DAVID M.  
700 UNIVERSE BLVD.  
JUNO BEACH, FL 33408 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:** DAVID M. LEE

04/30/2019

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

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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:** W. SCOTT SEELEY

SECRETARY

04/30/2019

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