

2020 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

05/02/2020

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 BROAD, TOM
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

05/02/2020

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

Title ASSISTANT TREASURER
Name FINNIS, AMANDA M.
Address 700 UNIVERSE BLVD.
City-State-Zip: JUNO BEACH FL 33408