

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000000700

Entity Name: 1810 CLERMONT LLC**Current Principal Place of Business:**1810 SOUTH HWY 27
CLERMONT, FL 34711**Current Mailing Address:**1810 SOUTH HWY 27
CLERMONT, FL 34711 US**FEI Number:** 81-1181218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, SAMIR
1810 SOUTH HWY 27
CLERMONT, FL 34711 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 MGR
Name 1810 CLERMONT MANAGEMENT INC.
Address 1810 SOUTH HWY 27
City-State-Zip: CLERMONT FL 34711

Title CHAIRMAN
Name CRAIG, DAVID
Address 7315 N. ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER
Name NOHMER, FREDERICK
Address 7315 N. ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER
Name SCHOFIELD, JAMES
Address 7315 N. ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title TREASURER
Name KLEM, LAURIE
Address 7315 N. ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title SECRETARY
Name MONOKIAN, DUSTIN
Address 7315 N. ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title ASSISTANT SECRETARY
Name TREPANIER, MICHELLE
Address 7315 N. ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

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: MICHELLE TREPANIER

ASSISTANT SECRETARY 02/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date