

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000008843

FILED
Feb 25, 2020
Secretary of State
0480127424CC

Entity Name: WIREGRASS CENTRAL RAILWAY, L.L.C.

Current Principal Place of Business:

13901 SUTTON PARK DRIVE SOUTH, SUITE 175C
JACKSONVILLE, FL 32224

Current Mailing Address:

200 MERIDIAN CENTRE, SUITE 300
ROCHESTER, NY 14618 US

FEI Number: 45-1827996

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/VP
Name GREENE, SARAH A
Address 200 MERIDIAN CENTRE, SUITE 300
City-State-Zip: ROCHESTER NY 14618

Title MGR/VP/T
Name LIJERON, HOFFMAN R
Address 20 WEST AVENUE
City-State-Zip: DARIEN CT 06820

Title MGR/S
Name RICOTTA, ALFRED Q
Address 20 WEST AVENUE
City-State-Zip: DARIEN CT 06820

Title P
Name IRVIN, JAMES E
Address 13901 SUTTON PARK DRIVE SOUTH,
SUITE 175C
City-State-Zip: JACKSONVILLE FL 32224

Title VP
Name LONG, TONY
Address 13901 SUTTON PARK DRIVE SOUTH,
SUITE 175C
City-State-Zip: JACKSONVILLE FL 32224

Title VP
Name WEISS, JAMIE B
Address 200 MERIDIAN CENTRE, SUITE 300
City-State-Zip: ROCHESTER NY 14618

Title ASST VP
Name VEST, JERRY
Address 13901 SUTTON PARK DRIVE SOUTH,
SUITE 175C
City-State-Zip: JACKSONVILLE FL 32224

Title ASST T
Name ROBERTS, LAUREN
Address 13901 SUTTON PARK DRIVE SOUTH,
SUITE 175C
City-State-Zip: JACKSONVILLE FL 32224

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: DANIELLE BLAUVELT

**ACCOUNTING
SUPRVISOR**

02/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST S
Name TARR, KIMBERLY
Address 20 WEST AVENUE
City-State-Zip: DARIEN CT 06820

Title ASST S
Name PUSHCHAK, CATHERINE
Address 20 WEST AVENUE
City-State-Zip: DARIEN CT 06820

Title ACCOUNTING SUPERVISOR
Name BLAUVELT, DANIELLE
Address 13901 SUTTON PARK DRIVE SOUTH
175C
City-State-Zip: JACKSONVILLE FL 32224