

1/30/2020

Division of Corporations

# L20000363744

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO.

### Loggerhead Resort, LLC

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

CDECRE, LLC

231 S. LaSalle Street, 13th Floor Chicago, IL 60604

MGR

Lisa Rapchak

11650 Olivo Road, Suite 1000-353

Fishers, IN 46037

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

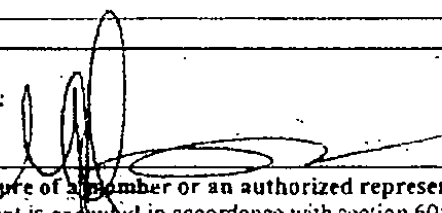
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**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mary Cunningham

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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