## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005226

Entity Name: CEDAR POINT MANAGERS GP, LLC

**Current Principal Place of Business:** 

247 N. WESTMONTE DR

ALTAMONTE SPRINGS. FL 32714

**Current Mailing Address:** 

247 N. WESTMONTE DR

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 48-1303146 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

**FILED** May 21, 2020

**Secretary of State** 

8874894409CC

## Authorized Person(s) Detail:

Title **MEMBER** 

Name PICERNE, ROBERT M. Address 247 N. WESTMONTE DR

City-State-Zip: ALTAMONTE SPRINGS FL 32714

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.