

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016011

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC2400648578**

**Entity Name:** C&E LAND INVESTORS, LLC

**Current Principal Place of Business:**

414 OLD HARD ROAD  
SUITE 502  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

414 OLD HARD ROAD  
SUITE 502  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 52-2379343

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WOOD, JAMES R  
414 OLD HARD ROAD  
SUITE 502  
FLEMING ISLAND, FL 32003 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 AUTHORIZED MEMBER, VP  
Name WOOD, JAMES RICKY  
Address 414 OLD HARD ROAD  
SUITE 502  
City-State-Zip: FLEMING ISLAND FL 32003

Title AUTHORIZED MEMBER, PRESIDENT  
Name WOOD, SUSAN D  
Address 414 OLD HARD ROAD  
SUITE 502  
City-State-Zip: FLEMING ISLAND FL 32003

Title T, CFO  
Name EDWARDS, MABRY JR.  
Address 414 OLD HARD ROAD  
SUITE 502  
City-State-Zip: FLEMING ISLAND FL 32003

Title SECRETARY  
Name SPENCER, SANDRA S.  
Address 414 OLD HARD ROAD  
SUITE 502  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** MABRY EDWARDS, JR.

ITS CFO

04/26/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date