2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 14, 2022
Secretary of State
6911434384CC

DOCUMENT# L05000017444

Entity Name: THOMPSON ROAD, LLC

Current Principal Place of Business:

660 NEWPORT CENTER DR.,
SUITE 300
NEWPORT BEACH, CA 92660

Current Mailing Address:

660 NEWPORT CENTER DR.,
SUITE 300
NEWPORT BEACH, CA 92660 US

FEI Number: 20-2770538

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: ANDREW J OROSZ 09/14/2022

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	HANOVER FAMILY BUILDERS, LLC	Name	WOCHNER, JEFF
Address	660 NEWPORT CENTER DR., SUITE 300	Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	NEWPORT BEACH CA 92660	City-State-Zip:	ORLANDO FL 32814
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	BOYETTE, STEVEN	Name	DURKIN, TIMOTHY
Address	2420 S. LAKEMONT AVENUE SUITE 450	Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814	City-State-Zip:	ORLANDO FL 32814
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	FORGE, WILLIAM	Name	MITCHELL, NICHOLA
Address	2420 S. LAKEMONT AVENUE SUITE 450	Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814	City-State-Zip:	ORLANDO FL 32814
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	NYARIRI, FONTANE	Name	BRUNO, MICHAEL
Address	2420 S. LAKEMONT AVENUE SUITE 450	Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814	City-State-Zip:	ORLANDO FL 32814

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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: FRANCO TENERELLI AUTHORIZED REPRESENTATIVE 09/14/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED REPRESENTATIVE
Name	LOPEZ, HECTOR
Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814