## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017444

Entity Name: THOMPSON ROAD, LLC

**Current Principal Place of Business:** 

2420 S. LAKEMONT AVENUE

SUITE 450

ORLANDO, FL 32814

**Current Mailing Address:** 

2420 S. LAKEMONT AVENUE SUITE 450

ORLANDO, FL 32814 US

FEI Number: 20-2770538 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OROSZ, WILLIAM SJR 2420 S. LAKEMONT AVENUE SUITE 450 ORLANDO, FL 32814 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 Apr 30, 2014

**Secretary of State** 

CC4782915150

Authorized Person(s) Detail:

Title MGRM Title PRESIDENT

Name CAMBRIDGE DEVELOPMENT, INC. Name OROSZ, WILLIAM S JR

Address 2420 S. LAKEMONT AVENUE Address 2420 S. LAKEMONT AVENUE

SUITE 450 SUITE 450

City-State-Zip: ORLANDO FL 32814 City-State-Zip: ORLANDO FL 32814

Title VP Title VP

Name OROSZ, STEPHEN W Name OROSZ, JOHN M

Address 2420 S. LAKEMONT AVENUE Address 2420 S. LAKEMONT AVENUE

SUITE 450 SUITE 450

City-State-Zip: ORLANDO FL 32814 City-State-Zip: ORLANDO FL 32814

Title VF

Name FRANKS, WILLIAM C

Address 2420 S. LAKEMONT AVENUE

SUITE 450

City-State-Zip: ORLANDO FL 32814

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: WILLIAM S OROSZ, JR

**PRESIDENT** 

04/30/2014