

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000077241

Entity Name: ARBOR RIDGE, LLC

Current Principal Place of Business:

1033 STATE RD 436
SUITE 121
CASSELBERRY, FL 32707

Current Mailing Address:

1033 STATE RD. #36
SUITE 121
CASSELBERRY, FL 32707

FEI Number: 20-3276123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLAGHER, STEPHEN M
1033 SR 436 #121
CASSELBERRY, FL 32707 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 CF0
Name GALAGHER, STEPHEN N
Address 1033 STATE RD 436 SUITE 121
City-State-Zip: CASSELBERRY FL 32707

Title P
Name GREGG, CHARLES W
Address 1033 STATE RD 436 SUITE 121
City-State-Zip: CASSELBERRY FL 32707

Title VP
Name CONLEY, HAMPTON P
Address 1033 STATE RD 436 SUITE 121
City-State-Zip: CASSELBERRY FL 32707

Title VP
Name SNYDER, SIMON D
Address 1033 STATE RD 436 SUITE 121
City-State-Zip: CASSELBERRY FL 32707

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES W. GREGG

PRESIDENT

06/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date