

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000043788

**FILED**  
**Apr 17, 2019**  
**Secretary of State**  
**7435660231CC**

**Entity Name:** CENTURY HOMES, LLC

**Current Principal Place of Business:**

6900 TAVISTOCK LAKES BLVD.,  
SUITE 200  
ORLANDO, FL 32827

**Current Mailing Address:**

6900 TAVISTOCK LAKES BLVD.,  
SUITE 200  
ORLANDO, FL 32827 US

**FEI Number:** 27-0184428

**Certificate of Status Desired:** No

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

NATIONAL REGISTERED AGENTS, INC.  
1200 S. 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:** PETER F. SOUZA, ASSISTANT SECRETARY

04/17/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name ERMISCH, TODD  
Address 4776 NEW BROAD STREET, SUITE 150  
City-State-Zip: ORLANDO FL 32814

Title MGR/VP  
Name ZBORIL, JAMES L  
Address 6900 TAVISTOCK LAKES BLVD., SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title MGR/VP  
Name COLLIN, THOMAS CRAIG  
Address 6900 TAVISTOCK LAKES BLVD., SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title P  
Name PHILLIPOFF, MATTHEW LESTER JAMES  
Address 6900 TAVISTOCK LAKES BLVD., SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name ADAMS, ROBERT B  
Address 6900 TAVISTOCK LAKES BLVD., SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name BYRNES, DANIEL  
Address 6900 TAVISTOCK LAKES BLVD., SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title VP/S  
Name RENCORET, MICHELLE R  
Address 6900 TAVISTOCK LAKES BLVD., SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name SCHITT, TODD  
Address 6900 TAVISTOCK LAKES BLVD., SUITE 200  
City-State-Zip: ORLANDO FL 32827

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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:** JAMES L. ZBORIL

**MANAGER**

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name BEUCHER, NICHOLAS F III  
Address 6900 TAVISTOCK LAKES BLVD.,  
SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title VP, T  
Name SMITH, JEFFREY S  
Address 6900 TAVISTOCK LAKES BLVD.,  
SUITE 200  
City-State-Zip: ORLANDO FL 32827