

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000143130

FILED
Sep 12, 2019
Secretary of State
7529456994CC

Entity Name: TAYLOR MORRISON ESPLANADE NAPLES, LLC

Current Principal Place of Business:

4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251

Current Mailing Address:

4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251 US

FEI Number: 45-4100117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGING MEMBER
Name: TAYLOR MORRISON OF FLORIDA, INC.
Address: 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title: PRESIDENT
Name: KEMPTON, JOHN STEVEN
Address: 551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title: CFO, EXECUTIVE VICE PRESIDENT
Name: CONE, C. DAVID
Address: 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title: SECRETARY, EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER
Name: SHERMAN, DARRELL C.
Address: 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title: ASST. SECRETARY
Name: ESTRADA, CAROLINE G.
Address: 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title: ASST. SECRETARY
Name: MERRILL, S. TODD
Address: 1211 N. WESTSHORE BLVD. SUITE 512
City-State-Zip: TAMPA FL 33607

Title: VP
Name: LONGENECKER, CAMMIE L.
Address: 551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title: VP
Name: PALKA, RUSSELL
Address: 551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

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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: CAROLINE G. ESTRADA

ASST. SECRETARY

09/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name BESSE, JASON
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title AUTHORIZED AGENT - FINANCE
Name GOLDSTEIN, KAREN
Address 551 NORTH CATTLEMEN RD.
SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name KININMONTH, BARBARA
Address 28100 BONITA GRANDE DR
SUITE 203
City-State-Zip: BONITA SPRINGS FL 34135

Title VP
Name SORENSEN, ANDREW ("ANDY")
Address 551 NORTH CATTLEMEN RD., SUITE
200
City-State-Zip: SARASOTA FL 34232

Title VP
Name HUFF, KEVIN
Address 551 NORTH CATTLEMEN RD., SUITE
200
City-State-Zip: SARASOTA FL 34232