

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000060122

**Entity Name:** CBA GRAYSON, LLC

**Current Principal Place of Business:**

1200 DUDA TRAIL  
OVIEDO, FL 32765

**Current Mailing Address:**

P.O. BOX 620257  
OVIEDO, FL 32762-0257

**FEI Number:** 45-5206827

**Certificate of Status Desired:** No

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

DUDA CHAPMAN, TRACY  
1200 DUDA TRAIL  
OVIEDO, FL 32765 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 MGRM  
Name DUDA PMC PROPERTIES, LLC  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title P  
Name WEEKS, PALMER B JR.  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title MANAGER  
Name DUDA, SAMUEL D  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title VP/S  
Name DUDA CHAPMAN, TRACY  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title AS  
Name GAINEY, ANN M  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title AT  
Name MITCHELL, AMY  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

*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:** TRACY DUDA CHAPMAN

**MANAGER**

**03/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date