

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000160395

Entity Name: HANOVER DODD 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:** 90-0950078**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**Authorized Person(s) Detail :**

Title MANAGING MEMBER
Name HANOVER LAND COMPANY LLC
Address 2420 S. LAKEMONT AVENUE
SUITE 450
City-State-Zip: ORLANDO FL 32814

Title VP
Name OROSZ, STEPHEN W
Address 2420 S. LAKEMONT AVENUE
SUITE 450
City-State-Zip: ORLANDO FL 32814

Title VP
Name FRANKS, WILLIAM C
Address 2420 S. LAKEMONT AVENUE
SUITE 450
City-State-Zip: ORLANDO FL 32814

Title PRESIDENT
Name OROSZ, WILLIAM S JR
Address 2420 S. LAKEMONT AVENUE
SUITE 450
City-State-Zip: ORLANDO FL 32814

Title VP
Name OROSZ, JOHN M
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

PRESIDENT

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date