

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000104894

Entity Name: LAUREL RIDGE NC INVESTORS LLC**Current Principal Place of Business:**1515 RINGLING BLVD.
10TH FLOOR
SARASOTA, FL 34236**Current Mailing Address:**P.O. BOX 3018
SARASOTA, FL 34230 US**FEI Number:** 46-3272995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERGESON, JAMES O JR
1515 RINGLING BLVD.
10TH FLOOR
SARASOTA, FL 34236 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 SMITH, DONALD E
Address 222 SOUTH SIXTH AVENUE
City-State-Zip: WAUCHULA FL 33873Title MGRM
Name SMITH, SUSAN C
Address 222 SOUTH SIXTH AVENUE
City-State-Zip: WAUCHULA FL 33873Title MGRM
Name DURANDO, DAVID
Address 222 SOUTH SIXTH AVENUE
City-State-Zip: WAUCHULA FL 33873Title MGRM
Name DURANDO, JANE C
Address 222 SOUTH SIXTH AVENUE
City-State-Zip: WAUCHULA FL 33873Title MGRM
Name FARR GROVES LLC
Address 222 SOUTH SIXTH AVENUE
City-State-Zip: WAUCHULA FL 33873Title MGRM
Name CARLTON HORSE CREEK PARTNERS
LLC
Address 222 SOUTH SIXTH AVENUE
City-State-Zip: WAUCHULA FL 33873

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 O FERGESON JR**ATTORNEY****02/07/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date