

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000148686

**Entity Name:** FULHAM TERRACE DEVELOPER, LLC**Current Principal Place of Business:**9998 MATHOG ROAD  
RIVERVIEW, FL 33578**Current Mailing Address:**1105 KENSINGTON PARK DRIVE, STE 200  
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 35-2571851**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RHODEN, REBECCA  
215 N EOLA DRIVE  
ORLANDO, FL 32801 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:** REBECCA RHODEN

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR AND MBR  
Name WOLF, JONATHAN L  
Address 1105 KENSINGTON PARK DRIVE, STE 200  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR  
Name BAMBERGER, GLEN F  
Address 1105 KENSINGTON PARK DRIVE, STE 200  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR  
Name VON WELLER, RYAN S  
Address 1105 KENSINGTON PARK DRIVE, STE 200  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR  
Name WOLF, SARA E  
Address 1105 KENSINGTON PARK DRIVE, STE 200  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR  
Name WOLF, HARRISON F  
Address 1105 KENSINGTON PARK DRIVE, STE 200  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AMBR  
Name DYAL, JAMES E  
Address 1105 KENSINGTON PARK DRIVE, STE 200  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** JONATHAN L. WOLF

MANAGER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date