2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2025
Secretary of State
5415026392CC

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Entity Name: HANOVER SUNRISE RIDGE, LLC

Current Principal Place of Business:

1717 MCKINNEY, SUITE 1000
DALLAS, TX 75202

Current Mailing Address:

1717 MCKINNEY, SUITE 1000
DALLAS, TX 75202 US

FEI Number: 37-1872158

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MGR
Name	HANOVER FAMILY BUILDERS, LLC
Address	1717 MCKINNEY, SUITE 1000
City-State-Zip:	DALLAS TX 75202

Title	AUTHORIZED REPRESENTATIVE
Name	PIVACH, STEPHEN
Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814

Title	AUTHORIZED REPRESENTATIVE
Name	WHITE, KATHERINE
Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814

Title	AUTHORIZED REPRESENTATIVE
Name	NYARIRI, FONTANE
Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814

Title	AUTHORIZED REPRESENTATIVE
Name	WOCHNER, JEFF
Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814

Title	AUTHORIZED REPRESENTATIVE
Name	DURKIN, TIMOTHY
Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814

Title	AUTHORIZED REPRESENTATIVE
Name	CLEVENGER, CHAD
Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814

Title	AUTHORIZED REPRESENTATIVE
Name	KAISER, DANIEL
Address	2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip:	ORLANDO FL 32814

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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: C. KELLY RENTZEL — AUTHORIZED REPRESENTATIVE — 04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name BAKEL, MEGAN
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE
Name TYLER, CARISSA
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE
Name MCFARLAND, DANIEL
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814