

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000116890

**Entity Name:** JCH REFLECTION POINTE, LLC

**Current Principal Place of Business:**

370 CENTERPOINTE CIRCLE, SUITE 1136  
ALTAMONE SPRINGS, FL 32701

**Current Mailing Address:**

370 CENTERPOINTE CIRCLE, SUITE 1136  
ALTAMONE SPRINGS, FL 32701 US

**FEI Number:** 83-1310407

**Certificate of Status Desired:** Yes

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

PITT, LAWRENCE B  
370 CENTERPOINTE CIRCLE, SUITE 1136  
ALTAMONTE SPRINGS, FL 32701 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:** LAWRENCE B. PITT

04/19/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRP	Title	MGRV
Name	HUTSON II, ROBERT T	Name	CLABER, JONATHAN
Address	370 CENTERPOINTE CIRCLE, SUITE 1136	Address	370 CENTERPOINTE CIRCLE, SUITE 1136
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	VPT	Title	VP
Name	THOMAS, SHARON L	Name	MEEKS, KIMBERLY
Address	370 CENTERPOINTE CIRCLE, SUITE 1136	Address	370 CENTERPOINTE CIRCLE, SUITE 1136
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	VPS	Title	AS
Name	PITT, LAWRENCE B	Name	STEARNS, M SCOTT
Address	370 CENTERPOINTE CIRCLE, SUITE 1136	Address	370 CENTERPOINTE CIRCLE, SUITE 1136
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701

*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:** LAWRENCE B. PITT

**VICE PRESIDENT AND  
GENERAL COUNSEL**

04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date