## 2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000437

Entity Name: ASHTON ORLANDO RESIDENTIAL, L.L.C.

**Current Principal Place of Business:** 

1064 GREENWOOD BLVD.

SUITE 124

LAKE MARY, FL 32746

**Current Mailing Address:** 

1064 GREENWOOD BLVD.

**SUITE 124** 

LAKE MARY, FL 32746 US

FEI Number: 75-2721878 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: NO CHANGE TO REGISTERED AGENT. 01/07/2022

Electronic Signature of Registered Agent

Date

**FILED** Jan 07, 2022

**Secretary of State** 

6452172744CC

Authorized Person(s) Detail:

Title MGR Title MGR

BOYDSON, CORY J. Name BALOGH, KEN Name Address 3820 MANSELL ROAD Address 3820 MANSELL ROAD

SUITE 400

ALPHARETTA GA 30022 ALPHARETTA GA 30022 City-State-Zip: City-State-Zip:

Title SOLE MEMBER Title AUTHORIZED REPRESENTATIVE

ASHTON WOODS USA L.L.C. TRAYNOR, JACK Name Name

3820 MANSELL ROAD 1064 GREENWOOD BLVD Address Address SUITE 124

SUITE 400

SUITE 400

ALPHARETTA GA 30022 LAKE MARY FL 32746 City-State-Zip: City-State-Zip:

AUTHORIZED REPRESENTATIVE Title Title **AVP** 

FITZPATRICK, DANIEL WALKER, LISA Name Name

Address 1064 GREENWOOD BLVD SUITE 124 1064 GREENWOOD BLVD SUITE 124 Address

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title AUTHORIZED REPRESENTATIVE AVP Title

Name WILLIAMS, REED Name CALHOUN, ANDON

1064 GREENWOOD BLVD 1064 GREENWOOD BLVD SUITE 124 Address Address

SUITE 124

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

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.

01/07/2022 SIGNATURE: STEFANIE LOOMIS PARALEGAL

Electronic Signature of Signing Authorized Person(s) Detail

Date