

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000730

**Entity Name:** CLP FRONTIER CITY, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 32801

**Current Mailing Address:**

PO BOX 4920  
ORLANDO, FL 32802

**FEI Number:** 20-8386669

**Certificate of Status Desired:** No

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

SCARCELLI, LINDA A  
450 S. ORANGE AVE.  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name TIPTON, TAMMY  
Address 450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title MGR  
Name GREER, HOLLY  
Address 450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title MGR  
Name MAULDIN, STEPHEN H  
Address 450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title MGR  
Name ANGELO, BERNARD J  
Address 68 SO. SERVICE ROAD, SUITE 120  
City-State-Zip: MELVILLE NY 11747

Title MGR  
Name WONG, TONY  
Address 68 SO. SERVICE ROAD, SUITE 120  
City-State-Zip: MELVILLE NY 11747

*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:** HOLLY J. GREER

**MANAGER**

**05/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date