## **2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004684

Entity Name: CLP MOUNT SUNAPEE, LLC

**Current Principal Place of Business:** 

450 S. ORANGE AVENUE ORLANDO. FL 32801

**Current Mailing Address:** 

PO BOX 4920 ATTN: LEGAL COMPLIANCE

ORLANDO, FL 32802

FEI Number: 26-3587524 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A 450 S. ORANGE AVENUE 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 Title MGR

Name ANGELO, BERNARD J Name WONG, TONY

Address 68 SO. SERVICE ROAD, SUITE 120 Address 68 SO. SERVICE ROAD, SUITE 120

City-State-Zip: MELVILLE NY 11747 City-State-Zip: MELVILLE NY 11747

Title MGR Title MGR

NameJOHNSON, JOSEPH TNameYESTER, SHARON AAddress450 S. ORANGE AVENUEAddress450 S. ORANGE AVENUECity-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

Title MGR

Name GREER, HOLLY

Address 450 S. ORANGE AVENUE City-State-Zip: ORLANDO FL 32801

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH T. JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

03/13/2013

FILED Mar 13, 2013

**Secretary of State** 

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