2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2025
Secretary of State
6867932906CC

DOCUMENT# M16000000468

Entity Name: MATTAMY FLORIDA LLC

Current Principal Place of Business:

4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811

Current Mailing Address:

4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811 US

FEI Number: 32-0079520

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	MANAGER	Title	VP
Name	CALBEN (FLORIDA) CORPORATION	Name	NELSON, CLIFFORD L
Address	4901 VINELAND ROAD SUITE 450	Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	VP	Title	VP
Name	MANCHESTER, ELIZABETH	Name	BOLEN, CHARLES PHILIP
Address	4901 VINELAND ROAD SUITE 450	Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	VP	Title	VP
Name	NIELSEN, LAUREL	Name	GRANEY, TIMOTHY P
Address	4901 VINELAND ROAD SUITE 450	Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	VP	Title	ASSISTANT VP
Name	MORRISON, DIANE	Name	THOMAS, JASON
Address	4901 VINELAND ROAD SUITE 450	Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

Continues on page 2

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: NICOLE MARGINIAN SWARTZ SECRETARY 03/25/2025

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

Authorized Person(s) Detail Continued :

Title VP
Name MEYN, ROBERT
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name MCGUIRE, KATHLEEN M
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name SQUIRES , PHILP
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name BLAZEJEWSKI, DENNIS
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name KING, AMBER
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name GUIDERA, GEOFF
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811

Title PRESIDENT
Name BASS, KEITH E
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP, SECRETARY
Name SWARTZ, NICOLE MARGINIAN
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name LOPEZ, ERIC
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name WALLS, DONNA
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name WEIDERHAFT, NEIL
Address 4901 VINELAND ROAD SUITE 450
City-State-Zip: ORLANDO FL 32811